



The Sexual Assault Support Centre (SASC)

A service brought to you by the Alma Mater Society of the University of British Columbia

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www.amssasc.ca

Liability Agreement and Release Form

Your signature below releases the SASC, the AMS and the SASC staff from any liabilities with respect to training and work that will be given to the respective volunteer and the impact of the work that may occur as a result of their participation as a volunteer with the SASC.

I, _____, [print name] as the parent/guardian to _____ [print name] have read the Volunteer Application and I am informed of the content of the material(s) covered in the training and volunteer program. I understand and agree with the terms and conditions applied to this release form and give my consent for the above person to participate in the volunteer program for SASC, and I hereby release SASC, the AMS (as the parent organization for the SASC), their employees, agents, successors and assigns from any and all liability that may arise from this program.

Parent/Guardian Signature: _____

Date: _____

Applicant Signature: _____

Date: _____