

## Parental Consent Form

Name of Volunteer: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_ hereby give consent for my son/daughter to Volunteer as a \_\_\_\_\_ at the Okanagan Science Centre.

I understand that my son/daughter will be under reasonable adult supervision; however, I understand that there may be circumstances whereby my son/daughter may be faced with challenging situations. I acknowledge that the Okanagan Science Centre, its agents, employees, and volunteers will not be held liable for any injury incurred by my son/daughter as a result of volunteering with the Okanagan Science Centre.

\_\_\_\_\_  
(signature of Parent/Guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Print name in full

\_\_\_\_\_  
(date)