



# CANADIAN TANK MUSEUM

HOME OF THE ONTARIO REGIMENT MUSEUM

## Parental Permission Form

This form is to be completed and signed by the Parent or Guardian of any volunteer member (excluding Summer Student and Co-op Student) of the Canadian Tank Museum (Museum). Submittal of this form is a requirement of membership for members under the age of 18 years.

### Minor Member Identification

Member's Name: \_\_\_\_\_

Member's Age: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Telephone: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

### Minor Member Information:

Important Medical or Allergy Information	
Guardianship or Custody Information	
Other Important Information	

I agree that my child/ward's participation at the Museum is contingent on good behavior and following the Museum's rules and regulations. Due to the nature of the Museum, I also agree that safety and maintaining a safe working environment is critical to my child/ward's safety along with the safety of other Museum volunteers, the artifacts/vehicles and the public. I agree that my child must work in a safe manner and will be supervised at all times.

There are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Museum Executive Director, Operations Director, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.



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Information about my child/ward will be kept confidential and not shared with any third-party organizations.

I consent to the Museum and staff to share, use, and display any and all photographs, videos, quotations, audio recordings and other such media works (along with any identifying information) taken of my child. I understand that such works will be the property of the Museum and that I have no rights to edit, approve, or otherwise benefit from those works.

I understand that the Museum is a public area and persons other than the Museum and its Membership may be taking photographs or videos and my child/ward may be photographed.

I the undersigned, having read, understood and completed the above. Any questions or concerns that I have; I have raised to the Museum and have been answered to my satisfaction. I hereby give my permission for my child/ward to attend and participate in the Museum and Museum Events.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_