



Are you a student accumulating Volunteer Hours for Credit ( ) yes, ( ) no

If yes, School Name: \_\_\_\_\_

Teachers Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Thank you for your interest in volunteering for this event! Please email you completed forms to [mapleridgechristmasparade@gmail.com](mailto:mapleridgechristmasparade@gmail.com)

For more information, please attend the Volunteer Orientation Meeting

Date: **Tuesday November 29<sup>th</sup> from 6:30 - 7:30 pm** Location TBA

You may contact us via email for more information.

E-mail: [mapleridgechristmasparade@gmail.com](mailto:mapleridgechristmasparade@gmail.com)

Web site: [www.mapleridgechristmasfestival.com](http://www.mapleridgechristmasfestival.com)

### **Media Consent**

Dear Volunteer; Parent or Legal Guardian of same:

The Maple Ridge Christmas Festival Society seeks the consent of a parent, legal guardian, or adult, (if over 18 years of age) before using, releasing or displaying the following: permission to display photograph, audio, video or electronic images:

I give consent (or do not consent) for photographs, audio, video or electronic images of my son/daughter, or myself, to be used by Maple Ridge Christmas Festival Society for publication, publicity materials, advertising, a news media story, video, audio, or other electronic media such as the internet, television, CD-ROM or DVD. I understand that my or my son/daughter's first name may be used. If such consent is denied, such denial shall not apply where his or her performance is only "part" of a larger body of media production.

I give my consent

I do not give my consent

Parent or Guardian's signature: \_\_\_\_\_

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

Printed Name of Parent or Guardian: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

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

(If over 18)