



# 2017 Volunteer Registration

*Please forward this application to*  
Eric Molendyk  
Vancouver Adapted Music Society  
Suite 318 - 425 Carrall Street  
Vancouver, BC V6B 6E3  
Phone: 604-688-6464 ext. 117  
Fax: 604-688-6463  
vams@disabilityfoundation.org

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
**We make all program updates via email**

### VOLUNTEER / WORK EXPERIENCE

**Include name of organization and contact name:**

1. \_\_\_\_\_ Contact email/phone: \_\_\_\_\_
2. \_\_\_\_\_ Contact email/phone: \_\_\_\_\_
3. \_\_\_\_\_ Contact email/phone: \_\_\_\_\_

Why are you interested in volunteering for VAMS? \_\_\_\_\_  
\_\_\_\_\_  
What experience do you have working with people with disabilities? \_\_\_\_\_  
\_\_\_\_\_

### When are you available to volunteer?

- Mon     Tues     Weds     Thurs     Fri     Sat     Sun

Are you willing to undergo a police records check?     Yes     No  
What are your musical/technical skills? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Participant's Medical Waiver, Image Consent, and Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity

By signing this document, you will waive certain legal rights including the right to sue. Please read carefully.

## Assumption of Risks:

I am aware that studio time, including receiving instruction, assistance and/ or lessons, involves many inherent risks, dangers and hazards, including but not limited to, impacts with debris and other objects or equipment used in connection with the studio and the instruction thereof, the failure to follow safety procedures or perform within one's own ability or within designated areas, negligence of other participants and negligence on the part of VANCOUVER ADAPTED MUSIC SOCIETY, its members, directors, officers, volunteers, agents, representatives, employees, and assigns. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

## Release of Liability, Waiver of Claims, and Indemnity:

In consideration of MY APPLICATION to participate in VANCOUVER ADAPTED MUSIC SOCIETY studio activities and permitting me to use its equipment and other facilities including but not limited to receiving studio instruction, events, assistance and/ or lessons (the "studio facilities") I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS: that I have or may have in the future against VANCOUVER ADAPTED MUSIC SOCIETY, its members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively the "Releases");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my use or my presence on the Studio Facilities due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT R.S.B.C., 1979, C 303, AS AMENDED, ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any liability for any damage to property of, or personal injury to, any third party, resulting from any use of or presence on the Studio Facilities.

By entering this agreement, I am not relying upon any oral or written representations or statements made by the releases other than what is set forth in this agreement.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releases.

**\*\*Note:** A parent, guardian, and/ or trustee, committee must also read this form and sign below if the participant is under 19 years of age and/ or the participant has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Print Name \_\_\_\_\_  
(If participant is under 19 years of age)

Witness \_\_\_\_\_ Print Name \_\_\_\_\_

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Fax: 604-688-6463

More info: 604-734-1313 ext. 2535, or [www.vams.org](http://www.vams.org)