**POWER OF YOUTH – JEUNESSE AU POUVOIR**

**Parental/Guardian Waiver**

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Recipient), who is under the age of 18, hereby give my consent for my child/ward to participate in the Power of the Youth grant program, organized by the Michaëlle Jean Foundation.

As the recipient's parent/guardian, I understand that the grant supports a participant-led project that involves active engagement and interaction with other youth participants and members of the community.

I further understand that the Michaëlle Jean Foundation will not be providing supervision for the safety and well-being of the participants. I acknowledge that there are inherent risks associated with the Power of Youth activities, and I assume all such risks on behalf of my child/ward for the duration of the program.

I hereby release the Michaëlle Jean Foundation, its employees, agents and volunteers from any and all liability for any injury, loss or damage to my child/ward or property that may occur in connection with the Power of Youth grant program.

I authorize the Michaëlle Jean Foundation to use any photographs, videos or other recordings of my child/ward that may be taken during this program for promotional or educational purposes.

I also recognize that Canada Revenue Agency guidelines for reporting income, awards and honoraria must be followed upon receipt of the Power of Youth grant.

I certify that the information provided in this waiver is accurate to the best of my knowledge.

Parent/Guardian Signature

Date:

Printed Name:

Relationship to Recipient:  
Phone Number:

Email Address: