

POWER OF YOUTH – JEUNESSE AU POUVOIR Parental/Guardian Waiver

1	, the parent/guardian of	(Name of
Recipient), who is und	er the age of 18, hereby give my consent for reer of the Youth grant program, organized by t	ny child/ward to
	nt/guardian, I understand that the grant supp ctive engagement and interaction with other y ommunity.	
for the safety and well risks associated with the	nat the Michaëlle Jean Foundation will not be -being of the participants. I acknowledge that he Power of Youth activities, and I assume all s he duration of the program.	there are inherent
from any and all liabili	ichaëlle Jean Foundation, its employees, agen ty for any injury, loss or damage to my child/v on with the Power of Youth grant program.	
	elle Jean Foundation to use any photographs, ward that may be taken during this program	
•	anada Revenue Agency guidelines for reportine followed upon receipt of the Power of Youth	•
I certify that the inform	nation provided in this waiver is accurate to th	e best of my
Parent/Guardian Signa Date: Printed Name: Relationship to Recipion Phone Number: Email Address:		

