Underage Volunteer - Parent/Caregiver Granting Supervisory Rights

**Parent / Caregiver Contact Information**

Name

Address

City/Province

Postal Code

Phone Number

Email Address

My child/young adult \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), who is currently years old, wishes to volunteer at the Ottawa Little Theatre as a(n) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand the theatre requires that all children **under 16 years of age have a supervisor on site**. I hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print) as my child’s supervisor while on site at the OLT.

I understand and agree that in the case of an emergency, the above-noted supervisor has permission to secure appropriate treatment, including hospitalization, if necessary.  **Yes □ No □**

For your records and information of the AD, my child has the following allergies or medical condition(s) which I have made their supervisor aware of:

When the volunteer shift is finished, my child:

□ has my permission to leave the theatre with the supervisor identified above

□ has my permission to leave the theatre unaccompanied

□ will be picked up by one of the following people

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Release:** I, the undersigned, permit the child listed above to be videotaped and/or photographed while participating in the Ottawa Little Theatre activities. Photos and video footage of participants are not taken for monetary gain, but for archival and promotional purposes only (i.e. web site, press articles, in-house photo displays, brochures). **Yes □ No □**

Sincerely,

(Parent/Caregiver’s Signature) (Date Signed)

January 2025