



**Human Resources**  
TOWN OF NEWMARKET  
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## Declaration of Minors – Dismantling Anti-Black Racism Advisory Committee

**This Declaration is restricted to applicants seeking with a volunteer position on the Dismantling Anti-Black Racism Advisory Committee and who are 16 or 17 years old.**

Date:
Name:
Date of Birth:
Guardian / Emergency Contact Name:
Guardian / Emergency Contact Relationship to Applicant:
Guardian / Emergency Contact Telephone Number:
Guardian / Emergency Contact Email:

### ***PLEASE READ CAREFULLY***

**This form is for the purpose of submitting an application to and participating in the Dismantling Anti-Black Racism Advisory Committee (the “Committee”) constituted by the Corporation of the Town of Newmarket (the “Town”). Youth aged 16 and 17 may apply and those under 18 require this form to be completed and signed.**

### **Photo Release**

I give permission for the minor listed above to have their picture taken for promotional purposes and to participate in committee meetings, including but not limited to events that will be livestreamed on the Town’s website at [www.newmarket.ca/meetings](http://www.newmarket.ca/meetings).

### **Release Sign Off**

I hereby give the minor listed above permission to participate in the events conducted by and involving the Town’s Committee.

I hereby release and save harmless the Town and its employees and representatives from any and all claims for damages and from any demands associated from participation of the named herein in any Committee meetings or events at any facility or location including negligence, breach of contract, mistakes or errors in judgment. This Release of Liability shall be binding upon the heirs, next of kin, executors, administrators, assigns and representatives of the participant named herein.

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

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

**Declaration by Parent/Guardian**

I declare that I am the parent / guardian of \_\_\_\_\_ who will be \_\_\_\_\_ years of age on the date they will commence volunteering with the Town and confirm that I have read and confirm acknowledgement of the above stated conditions on behalf of the minor mentioned above.

Signature of Parent / Guardian: \_\_\_\_\_

Print name in full: \_\_\_\_\_

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