

YOUTH RETREAT CONSENT, CONFIDENTIALITY, DISMISSAL AND RELEASE FORM

I, _____, do hereby give my consent for _____
("Attendee") to attend the one day youth retreat provided by Hospice Niagara. I understand that:

1. The group is facilitated by specially trained Hospice Niagara Volunteer Facilitators.
2. The retreat is a peer support event that enables children/youth to share their feelings and experiences with other children/youth with similar experiences.
3. This retreat is not meant to replace professional counseling or other forms of grief support.
4. In case of contributing or associated issues, I will be provided with resource information for additional therapeutic support within the community.

I give my consent for the Bereavement Specialist and Hospice Niagara Volunteer Facilitator(s) and the referral source to share among themselves any and all relevant information about this child/adolescent. I understand that all such information will be utilized and withheld in a strictly confidential manner.

Individuals participating in Hospice Niagara programs are responsible for maintaining the confidentiality of all information they are exposed to concerning clients, volunteers, staff and Hospice Niagara. Failure to maintain confidentiality will be brought to the attention of the Executive Director and may result in the removal of the participant from Hospice Niagara programs. Grounds for immediate dismissal may include, but are not limited to:

- Breach of confidentiality
- Gross misconduct or inappropriate behaviour
- Theft of property or misuse of funds, equipment or materials
- Illegal, violent or unsafe acts, including inebriation or substance abuse during participation in programs
- Harrassment, abuse or mistreatment of program participants, staff, or volunteers
- Overt imposition of religious beliefs

I fully understand that Hospice Niagara reserves the right to withdraw its services at any time and for any reason, particularly if the safety or well-being of the staff, volunteers or participants becomes a concern.

The Attendee understands that this Release discharges Hospice from any liability or claim that the Attendee may have against Hospice Niagara with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Attendee's participation in Hospice Niagara programs and activities, whether caused by the negligence of Hospice Niagara or its officers, directors, employees, volunteers, agents or otherwise.

The Attendee also understands that Hospice does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Serving Families in Niagara

Hospice Niagara - The Stabler Centre
403 Ontario Street, Unit 2
St. Catharines, ON L2N 1L5
F: 905-984-8242



Hospice Niagara - Welland Office
555 Prince Charles Drive
Welland, ON L3C 6B5
F: 905-735-1703

Medical Treatment: The Attendee does hereby release and forever discharge Hospice from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Attendee's activities with Hospice.

Assumption of Risk: The Attendee hereby expressly and specifically assumes the risk of injury or harm in all Activities undertaken at the Hospice and releases Hospice Niagara from all liability for injury, illness, death, or property damage resulting from the activities.

Insurance: The Attendee understands that Hospice Niagara does not carry or maintain health, medical, or disability insurance for the Attendee.

Photographs and Videos: The Attendee consents and authorizes the use and reproduction of program photos and videos taken of the Attendee either alone or with other Attendees and Hospice Niagara representatives. The Attendee gives permission to Hospice Niagara for the photograph and/or video to be published in promotional materials (for example: website, newsletter, posters, brochures, etc.).

I hereby give my consent and agreement to the Release above:

Attendee Name (Print Please): _____

Attendee Signature: _____

Parent's Signature (if under 18 years): _____

Today's Date: _____

Attendee Address: _____

Phone number: _____ Email Address: _____

Health Card Number: _____

Relevant Medical Information: _____

Allergies and Food Restrictions: _____

In case of emergency, please contact:

Name: _____

Relation: _____

Phone: _____