



NOTE : [Reference document = CD 770](#)

STATEMENT OF VOLUNTARY PARTICIPATION AND CONSENT PRIVATE FAMILY VISITIS

PUT AWAY ON FILE PERSONAL INFORMATION BANK Original Chair of VRB - (Offender VC file)

Completed by: Visitor Decision taken by: Visit Review Board

I, following study and explanation of the rules and regulations of the Private Family Visits, request permission, voluntarily, to participate in the Private Family Visits at Institution. I understand, and agree to abide by all rules and regulations of the Private Family Visits during my visit with

Recognizing the risks inherent in visiting within an Institution and in consideration for the risk to participate voluntarily in the Private Family Visiting, I do hereby for myself, my heirs, executors, administrators and assigns, remise, release and forever discharge Her Majesty the Queen in right of Canada, the Correctional Service Canada and any of its employees from all manner of actions, causes of actions, claims or demands, of whatever kind or nature for damages, loss or injury, which I may hereafter have against them or any of them as a result of in any way arising out of or connected with my voluntary participation in the Private Family Visits.

Date (YYYY-MM-DD) Signature of Visitor

Date (YYYY-MM-DD) Signature of Witness

If the visitor is under the age of majority in the province where the institution is located:

I, being the parent/guardian (circle correct one) of (name of child),

request permission for him/her to participate in the Private Family Visits. I assume the responsibility of ensuring that he/she abides by all rules and regulations of the PFVs during his/her visit with (name of inmate)

Recognizing the risks inherent in visiting an Institution and in consideration for the right for (name of child) to participate in the Private Family Visits, I do hereby agree to indemnify and save

harmless Her Majesty the Queen in right of Canada, the Correctional Service Canada or any of its employees in respect of any claim, loss, damage or expense relating to any injury alleged to be caused as a result of (name of child) voluntary participation in the Private Family Visits.

Date (YYYY-MM-DD) Signature of Parent/Guardian

Date (YYYY-MM-DD) Signature of Witness

DISTRIBUTION Copy 2 Parole Officer - (Offender CM file)

