Correctional Service Canada   Service correctionnel Canada

VISITING APPLICATION AND INFORMATION FORM (INMATE) CHILD SAFETY WAIVER

PUT AWAY ON FILE:

PERSONAL INFORMATION BANK

▶ **Original**   Chair of VRB (Offender VC file)

NOTE: Shaded areas are for office use only

FDS number	Family name (name of inmate you wish to visit)	Given name(s)	Date of Birth (YYYY-MM-DD)	Institution	Region

Completing operational unit

THIS FORM IS TO BE FILLED IN CONJUNCTION WITH FORM CSC 653, VISITING APPLICATION AND INFORMATION FORM (INMATE).

***PRIVACY ACT* STATEMENT**

Personal information about you is collected under the authority of the *Corrections and Conditional Release Act* to review your suitability for visiting privileges at the CSC. This information is collected, with no obligation on your part, and held in the Visits and Correspondence Bank; however, your refusal to comply would result in the denial of visiting privileges. This information cannot be disclosed to other persons without your consent EXCEPT where disclosure would be justified pursuant to one of the paragraphs of subsection 8(2) of the *Privacy Act*.

I, _____

parent or guardian of the following child/children, absolve the Correctional Service of Canada from any responsibility it may have in allowing the said child/children to accompany me on a visit to

_____ Institution.

For greater certainty, but not so as to restrict the generality of the foregoing terms, I exonerate the Correctional Service of Canada or its servants for any responsibility resulting from an injury sustained by the said child/children while on federal property. I also waive my rights to any claims or actions which I may have against the Correctional Service of Canada or its servants resulting from the admission of the said child/children in a federal institution. Finally, I acknowledge that I am responsible for the following child/children at all times while he/she is in the institution.

Name of the above-mentioned child/children	AGE

YYYY -MM -DJ

▶ _____
Signature of the above-mentioned parent or guardian

▶ _____
Signature of the above-mentioned parent or guardian

Date

YYYY -MM -DJ

▶ _____
Witnessing Officer – Signature

Date

CSC/SCC 653-1E (R-2006-10) (Word Version) (PDF) XP

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