



NOTE : Reference document [CD 559](#), [CD 710-8](#)

**PERSONAL INFORMATION BANK**

PUT AWAY ON FILE ► Offender VC File

**VISITING APPLICATION - CHILD SAFETY WAIVER**

Family name (name of inmate you wish to visit)	Given Name(s)
--	---------------

**NOTE: Shaded areas are for office use only**

CPIC CHECK COMPLETED  Yes  No

FPS Number ►	Date of Birth (YYYY-MM-DD) ►
--------------	------------------------------

Institution	Region	Completing Operational Unit
-------------	--------	-----------------------------

**This form is to be filled in conjunction with form [CSC 0653E - Visiting Application](#), however, this form is to be signed in person at the institution and witnessed by a Correctional Officer.**

**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 accompanying adult 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 the CSC Institution/facility.

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.

First and Last name of visiting child/children	Date of Birth

Signature of the above-mentioned parent or accompanying adult	Signature of the above-mentioned parent or accompanying adult	Date (YYYY-MM-DD)
---	---	-------------------

Name of Witnessing Correctional Officer (print)	Signature	Date (YYYY-MM-DD)
---	-----------	-------------------

**DISTRIBUTION**

Original = Offender VC File  
Copy = Security Intelligent Officer

