



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

PERSONAL INFORMATION BANK

**VISITING APPLICATION –
CHILD SAFETY WAIVER**

PUT AWAY ON FILE ▶ Original = Offender VC file

FPS Number ▶

Family name (name
of inmate you wish
to visit) ▶

Given name(s) ▶

Date of birth ▶

NOTE: Shaded areas are for office use only

Institution	Region
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Completing Operational Unit

THIS FORM IS TO BE FILLED IN CONJUNCTION WITH FORM CSC 0653E, VISITING APPLICATION

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.

Name of the above-mentioned child/children

AGE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

▶ _____
Signature of the above-mentioned parent or
accompanying adult

▶ _____
Signature of the above-mentioned parent or
accompanying adult

_____ Date (YYYY-MM-DD)

▶ _____
Witnessing Officer's Name (Print)

▶ _____
Signature

_____ Date (YYYY-MM-DD)

DISTRIBUTION

Copy = Security Intelligent Officer