



# PERMISSION FORM

This form **MUST** be signed by a parent or legal guardian of any child participating in **Badge Day** at the University of Waterloo. Please return this signed and completed form to your Guider by January 13, 2018 in order for your child to participate.

First and last name of participant: \_\_\_\_\_

## Publicity Consent (optional)

I hereby give permission for my child participate in any publicity arranged for the **Badge Day** program through various media such as newspapers, online social media, photographs, television, slide presentations and videos. I understand that such material may become part of the University's archives.

Yes     No

## Medical Release

Basic first aid will be provided by trained Guiders. In case they are not able to provide this, University of Waterloo designates will step in to provide basic first aid or procure medical treatment.

I hereby give my permission to the University of Waterloo, its officers, directors, servants, employees and agents to provide basic first aid or procure medical treatment for my child in case of injury or accident or otherwise by a nurse, doctor, hospital or clinic chosen by the University and/or its employees, agents. I agree to be responsible for any and all costs associated with such treatment.

## Indemnification and Release

I hereby release and forever discharge the University of Waterloo and its respective officers, employees, supporters, and agents from and against all claims, actions, costs, damages and expenses with respect to damage and/or bodily injury to my child as a result of his or her participation in the said **Badge Day** program.

I understand that **Badge Day** has a violence-free policy to ensure the safety of all participants. Any behavioural misconduct will result in immediate removal from this program, with no money refunded.

Having read and understood the indemnification and release form in its entirety, I declare that I hereby agree to be bound by the terms and conditions. Understanding the terms and conditions of this indemnification and release, I give my consent for the registrant to participate.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date