PERMISSION FORM



Signature of Parent/Guardian

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 December 9th, 2023 in order for your child to participate.

First and last name of participant:	
Publicity Consent (optional)	
I understand and agree that the University of Waterloo shall have the right to take photographic, sound or film recordings ("Multimedia Recordings") of the Participant's participation in the WiE program, and agree that the University of Waterloo and the Ontario Network of Women in Engineering may use any such Multimedia Recordings for administrative, educational and promotional purposes. I hereby waive and irrevocably assign to University of Waterloo and the Ontario Network of Women in Engineering any rights I may have to such Multimedia Recordings, including any moral or other rights. 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 employees, agents. I agree to be responsible for any and all costs associate	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	
that involve risk of damage to, or loss of, personal property or bodily in the Participant's actions, inactions or negligence, but the actions, inactions	arious science-related activities, educational projects and physical activities) njury, and social and economic losses, which might result not only from my or tions or negligence of others, including other Program participants and their sity of Waterloo, the condition of the Program facilities, or weather conditions nowledge that there may be other risks not known or not reasonably
	Risks and accept personal responsibility for any and all loss, damage, suffer, or that my or the Participant's heirs or next of kin may suffer, as a result Risks simply cannot be eliminated without jeopardizing the essential qualities
contractors, agents and representatives or their respective affiliates (c my or the Participant's heirs and next of kin for any and all claims, den death or damage to property (collectively, "Claims") caused or alleged duty of care, including any statutory duty, breach of contract, or any ot	governors, officers, faculty, students, employees, volunteers, independent ollectively, the "Releasees") from any and all liability to the Participant, me, or nands, losses or damages on account of injury, including permanent disability, to be caused in whole or in part by the Releasees negligence, breach of any ther act of the Releasees as a result of or in connection with, the Program. I all Claims of any third party resulting from the Participant's participation in the
4. I understand that the Program has a violence-free policy to ensure the safety of all Camp participants. Any behavioural misconduct by the Participant in violation of this policy may result in immediate removal of the Participant from the Program, with no money refunded.	
	neirs, next of kin, executors, administrators, assigns and representatives and leasees and their respective heirs, next of kin, executors, administrators,
I have read and understood the above Waiver, Release and Indemnity. In consideration of the Participant's participation in the Program, the Participant and I hereby agree to be bound by the above Waiver, Release and Indemnity.	
Printed name of Parent/Guardian	Date