## TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY AND ACTUA

### INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

WARNING: By signing this document you indicate that you understand the risks associated with the activity(ies), that you are aware that by allowing your child to participate in the activity(ies) you are exposing him/her to the risks identified below. It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

#### PLEASE READ CAREFULLY!

CHILD'S NAME:		
PARENT'S/GUARDIAN'S NAME:		
PARENT'S/GUARDIAN'S ADDRESS:		
COURSE CODE & TITLE/ACTIVITY	NAME : _Engineer for a Day	
COURSE/ACTIVITY DATE:June 10,	2021	

Participation in the activity(s) of Schulich Virtual Kids Workshops, carries with it certain inherent risks. I am aware that by allowing my child to participate in the activity(s), my child may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

# General:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus or any other means of transportation to, from, or during the activity(s);
- Food Consumption: Ensure your child is aware not to partake of drinks/food that may be provided during this program if they have any food allergies.

NOTE: Please consult with your child's physician prior to them participating in any physical activity(s) or using any equipment if they have any pre-existing conditions which may be affected by their participation in the activity(s).

#### **Computer Usage:**

- Access to the Internet allows for the complete freedom of expression and view points from all elements of society. A wide variety of text and images are shared by millions of users worldwide. In its current format, the Internet is a completely uncensored source of information. It is important to discuss this with your child before attending class;
- The University of Calgary has no way of restricting access to material on the Internet while attending the class. Any attempt by your child to access pornographic or other inappropriate material during class, will result in your child being expelled and the parent/guardian being contacted;
- Upon completion of this course, my child's Internet account will be deleted immediately;
- I understand that there are resources accessible on the Internet which are not appropriate for minors. I agree to allow my child to maintain his/her Internet account during the program unless otherwise directed in writing to the University of Calgary.

 (Initial here	that you ha	ave read the	Computer	Usage section	on.)

I have explained the risks associated with this activity to my child and he/she understands the risks.

1.	The University of Calgary may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such medical advice and services.
2.	I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by the Instructor. I have explained to my child the need to follow the instructions given by the instructor.
3.	I understand that if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(s) in which he/she is participating. I understand that the University of Calgary accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.
4.	I agree to HOLD HARMLESS AND INDEMNIFY The Governors of the University of Calgary from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in the activity(s).
SIGN THE	NFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY ING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY IAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.
Signe	d thisday of

This Agreement must be completed in full, without alteration, signed, dated, witnessed, and the Computer Usage paragraph and paragraph 3 must be initialed before the child may participate in the activity(s).

WITNESS TELEPHONE #

WITNESS NAME (please print)

PARENT OR GUARDIAN NAME (please print)

SIGNATURE OF PARENT OR GUARDIAN

WITNESS ADDRESS

WITNESS SIGNATURE (Non Family Member)