

 **Minors on Campus for Educational Opportunity – Parental Consent, Waiver and Indemnity**

**ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.**

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| **Student Information**  |
| Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Students’ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Students’ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Medical Considerations (Medications, Allergies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical disability requiring accommodation (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Notice Regarding Collection, Use, and Disclosure of Personal Information.** This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used to allow you to participate in an educational opportunity at the University as described in the Schedule(s) attached hereto, and may be used in the event of a medical emergency. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2. |

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| **Consent, Waiver and Indemnity by Parent / Guardian** |
| WHEREAS I am the parent and/or legal guardian for the above-named student (the ``student``), and I wish for the student to attend at and use the equipment in an educational opportunity at The University of Manitoba (the “University”), as more fully described in **Schedule**       attached to this Minors on Campus For Educational Opportunity – Parental Consent Form (the ``educational opportunity``); IN CONSIDERATION of the University allowing the student to attend, use the equipment and participate in the educational opportunity at the University, I AGREE as follows: 1. I ACKNOWLEDGE that the student`s participation in the educational opportunity at the University can only take place with my approval, the approval of a senior administrator, and in the presence of a University staff member. I further acknowledge that during the educational opportunity, the student may have limited access to hazardous facilities, equipment and materials, and must follow all applicable safety rules, instructions, guidelines and protocols. I AGREE that the student`s failure to follow these conditions will result in an immediate withdrawal of all privileges of the student with regard to the educational opportunity.
2. I UNDERSTAND that the educational opportunity may entail active participation in physical activity by the Student, and I AGREE that the student has the experience and capabilities and is qualified, in good health and in proper physical condition to participate in the educational opportunity as described in the **Schedule**  attached hereto.
3. I ACKNOWLEDGE that there are potential risks associated with the student’s presence at the University and participation in the educational opportunity including, but not limited to:
	1. Food-related risks such as reactions, illnesses or infections arising from the consumption of food and water, choking and allergic reactions to food ingredients;
	2. Falling risks from stairs or any other elevated, raised, steep, slippery or uneven area whatsoever;
	3. Possible exposure to airborne pathogens;
	4. Bodily-injury risks such as fracturing or breaking limbs or other external or internal bodily injuries due to participation in the educational opportunity and/or the use of or exposure to dangerous equipment and chemicals in or about the University.
4. I AGREE to allow the student to participate in the educational opportunity and using the equipment at the University in relation to the educational opportunity, notwithstanding the inherent risk.
5. I, for myself, and as parent and/or legal guardian for the student, on behalf of the student, RELEASE the University (including its officers, employees, and agents) from any claims for personal injury (including death), damages, losses or other proceedings related to the educational opportunity.
6. I AGREE TO INDEMNIFY and save harmless the University (including its officers, employees, and agents) in respect of any claim, complaint, or demand related to the student’s participation in the educational opportunity, except to the extent caused by the gross negligence or willful misconduct of the University.
7. I ACKNOWLEDGE AND AGREE that this Release and Indemnity shall be binding on me and the student, as well as our respective heirs, executors, administrators, successors and assigns.
8. I ACKNOWLEDGE, AGREE AND REPRESENT that I am of lawful age and legally competent to sign this Parental Release and Indemnification.

**I HAVE READ AND UNDERSTOOD THIS PARENTAL RELEASE AND INDEMNIFICATION AND I AM AWARE THAT BY SIGNING THIS PARENTAL RELEASE AND INDEMNIFICATION I AM WAIVING CERTAIN LEGAL RIGHTS.** IN WITNESS WHEREOF I have set my hand on the date set out below. Signature (Witness) Signature (Parent or Legal Guardian) Print Name Print Name Date DateS:\Legal\LEGAL OFFICE\Precedents\Website Documents\Waivers\Minors\_on\_Campus\_-\_Parental\_Consent\_Form - Feb 12 2016.docx |

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| **Staff Member Information**  |
| Staff Member’s Name:         **I understand that minors ARE NOT ALLOWED in restricted areas at any time, unless approved by Dean, Director or Department Head [signature to be obtained below].** Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office Location:       Phone Number:        |

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| **Description of Educational Opportunity** |
| Date of educational opportunity – **Start:**  **End:** Describe project student will be doing or reason for visit **(“educational opportunity”)**:      Locations: **1) Building:** **Room:** Please Identify any Hazardous materials located in the laboratory or work area: [ ] Chemicals [ ]  Radiation emitting devices [ ]  Radioactive materials [ ]  Lasers [ ]  Heavy Equipment [ ]  Biohazardous materials [ ]  Animals [ ]  Mobile Equipment [ ]  Other:      **2) Building:** **Room:** Please Identify any Hazardous materials located in the laboratory or work area: [ ] Chemicals [ ]  Radiation emitting devices [ ]  Radioactive materials [ ]  Lasers [ ]  Heavy Equipment [ ]  Biohazardous materials [ ]  Animals [ ]  Mobile Equipment [ ]  Other:      **Please describe the control measures that are necessary to protect the student. Please be specific use extra** **space if necessary:**      **Please indicate protective equipment, if any, the student will need:**      Is equipment available? If not, please explain:      Detailed written description/assessment of potential hazards attached? [ ]  Yes [ ] No (Please be specific and use extra sheets if necessary.) |

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| **Dean, Director or Department Head Permission**  |
| Permission given by (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Dean or Director or Department Head) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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