

CONSENT FORM

Take Our Kids to Work Day™

This consent form ensures that employees and visitors including children (to be known as the *Participant*) are aware of the risks and hazards present on campus and environmental, and health and safety concerns related to *Take Our Kids to Work Day™* (to be known as the Activity), occurring at Trent University on November 6, 2024. This activity is **NOT MANDATORY** on the *Participant's* behalf.

The *Participant* freely accepts and fully assumes all such risks, dangers and hazards and the possibility of personal and bodily injury, death, property damage, or loss resulting from such risks, dangers and hazards. The *Participant* will be supervised at all times by a competent designated supervisor. The risks, dangers, and hazards may include but are not limited to:

- Bodily injury and death resulting from exposure to running machinery, hazardous substances, slips, trips and falls, motor vehicle accidents and criminal acts.
- Theft or damage to personal property.
- Delay or inconvenience, or cancellation of the activity.

The *Participant* acknowledges and further accepts the responsibility of obtaining adequate medical, health, dental, travel and all other forms of insurance that may apply. By signing this document the parent/guardian:

- Agrees to freely accept such risks, dangers and hazards inherent in undertaking the Activity.
- Understands that no remuneration, compensation, employee benefit, or any other privilege enjoyed by University employees or students is entitled as a result of participating in the Activity.
- Understands that *Participants* are not covered by the Workplace Safety and Insurance Board for injuries arising from this activity.
- Agrees that it is the responsibility of the *Participant* to familiarize themselves with environment and health and safety requirements applicable to the Activity.
- Agrees to participate in hazard awareness training, to meet personal protection requirements, to follow directives provided by Activity supervisor and to respect emergency situation guidelines.
- Agrees to follow University procedures, report any incidents witnessed, and respect environmental and health and safety requirements on or off University property while participating in the Activity.
- Agrees not to undertake any procedure, process, activity that was not discussed or reviewed with the Activity supervisor without first obtaining training, instruction, and/or supervision by the designated competent supervisor.
- Authorizes the University to take photographs and to use these photographs in promotional material.
- Understands and fully accepts that if the *Participant* chooses to participate in any other activity that is not part of the planned Activity, that they are fully responsible for the consequences of their conduct.
- Understands and fully accepts that if the *Participant* fails to observe any conditions or rules established during the course of the Activity, that the *Participant* may be asked to leave.

Residents of all provinces/territories except Quebec:

In the unlikely event that the *Participant* requires immediate life saving medical intervention (such as surgery) and that the parent/guardian and off-campus contact cannot be reached, the *Participant* or parent/guardian agrees to give permission to the designated supervisor to consent to life saving procedures. The emergency contact/parent/guardian will be notified by the quickest means possible.

WAIVER AND ASSUMPTION OF RISKS

***Take Our Kids to Work Day*™**

I have read Trent University's *Take Our Kids to Work Day*™ procedures and agree to its conditions. **I CONSENT** to the *Participant's* presence at Trent University and **I ACCEPT AND FULLY ASSUME** all such health and safety risks, dangers and hazards which may be associated with his or her participation.

I HEREBY RELEASE, discharge and covenant not to commence any legal action against Trent University, their administrators, directors, agents, officers, volunteers, and employees, other participants, and if applicable, owners and leasers of premises on which the camp takes place, (each considered one of the "Releases" herein) from all liability, claims, demands, actions or causes of action, losses, or damages on the Minor's account caused or alleged to be caused, in whole or in part by the negligence of the Releases or otherwise, and I further agree that if, despite the RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, the Minor, or anyone on the Minor's behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees on a solicitor-and-client basis, loss, liability, damage, or cost which may occur as the result of such claim.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I, AND THE MINOR, HAVE GIVEN UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. I have signed it freely and without any inducement or assurance of any nature.

Upon the University's request, **I AGREE** to remove the *Participant* from Trent property should he or she fail to follow the University's instructions or directions or if there is any environmental or health and safety infraction. I the undersigned declare that I am the parent or legal guardian of the *Participant* identified below. I agree to inform the *Participant* about the guidelines of this program and Trent University's requirements.

Print Name of Parent/Legal Guardian : _____

Print Name of *Participant* : _____

Signature of Parent/Legal Guardian (Children under 18 years of age):

Telephone number at work: _____

Telephone at home/cellular phone: _____

Important for All *Participants*

Name of other emergency contact outside of University: _____

Telephone number: _____

Name of University employee supervising *Participant*: _____

Telephone number: _____