

St. Mary's University College
St. Mary's University College Discovering Science Program

CHILD INFORMED CONSENT
ASSUMPTION OF LIABILITY, RISK ACKNOWLEDGEMENT
AND INDEMNITY AGREEMENT

WARNING! BY SIGNING THIS FORM, you indicate that you understand the risks associated with this activity, and that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives St. Mary's University College 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!

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

BIRTH DATE: _____ PHONE NO: _____

NAME OF PARENTS OR GUARDIANS: _____

PARENTS/GUARDIAN ADDRESS (if different): _____

PARENT/GUARDIAN PHONE NUMBER: _____

EMERGENCY CONTACT (if different from parents/guardians): _____

RELATIONSHIP: _____ TELEPHONE NO: _____

DISCLAIMER CLAUSE

The undersigned acknowledges that the *St. Mary's University College Discovering Science Program*, its officers, directors, agents, contractors, employees, volunteers, members and representatives (all hereafter collectively referred to as "the Program") and The Governors of St. Mary's University College, their officers, directors, agents, contractors, employees, volunteers, members and representatives (all hereafter collectively referred to as "the College") are not and shall not be held responsible **for any** injury, loss or damage of any kind sustained **howsoever arising** by the undersigned or any other person while participating in the *StMU Discovering Science Program*, except or unless to the extent such injury, loss or damage was caused by the gross negligence of either the Program or the College.

DESCRIPTION OF RISKS

I acknowledge that I am aware of the possible risks, dangers and hazards associated with my child's participation in the *StMU Discovering Science Program* including the possible **risk of severe or fatal injury** to child or others. These risks include but are not limited to the following:

- a) **General** – risk of theft, vandalism, loss of personal property or injuries sustained while travelling to or from locations(s) to be visited in the *StMU Discovering Science Program* including *Fish Creek Provincial Park* and other possible destinations, including transportation provided by commercial, private and/or public automobiles;
- b) **Use of Scientific Equipment** - the possibility of bodily injury (broken bones and soft tissue damage) including dental damages from any manner of use, misuse and non-use of scientific equipment during indoor and outdoor activities including exposure to chemicals, open Bunsen burner flames, controlled explosions and/or electric shock;
- c) **Back Country and Outdoor Travel** - the possibility of bodily injury including injuries resulting from:
 - falls on steep, icy, slippery or uneven terrain or from impact with trees, rocks, obstructions or other people or participants, visible or non-visible; injuries from falling rocks, trees or limbs, floods, mudslides, or lightning
 - any injury or illness resulting from exposure to cold, wet or windy weather including strong heat and sunlight
 - injuries from contact with animals or insects including bears, deer or other large mammals; rodents, snakes, birds, wood ticks, insects, spiders, or other animals; water-borne parasites including Giardia; exposure to mosquito-borne West Nile Virus.

INDEMNIFICATION

In consideration of the College allowing my child to voluntarily participate in the *StMU Discovering Science Program*, I agree for and on behalf of my child:

1. **TO ASSUME AND ACCEPT ALL RISKS AND TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE INCLUDING HEATH CARE COSTS howsoever arising** out of, associated with or related to my child’s participation in the *StMU Discovering Science Program*, unless or except to the extent such injury, loss or damage was caused by the gross negligence of the Program or the College;
2. **TO HOLD HARMLESS AND INDEMNIFY THE PROGRAM AND THE COLLEGE** from any and all liability for any damage or loss to the property of, or personal injury howsoever arising to my child directly or to any third party which result from the actions or omissions of my child and resulting from or relating to my child’s participation in the *StMU Discovering Science Program*;
3. **TO 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 advice and services.

ACCEPTANCE OF RESPONSIBILITIES

BY SIGNING THIS FORM, the parent/guardian understands and accepts the following responsibilities and where applicable shall ensure that their child understands and accepts such responsibilities:

1. **TO FOLLOW** all of the instructions and rules given by those responsible for or in charge of the *StMU Discovering Science Program* and all related activities while the child is a member and/or participating in the Program. Both parent/guardians and participants acknowledge and accept that the instructions and rules are in place to provide a safe environment for the entire Program.
2. **TO ASSUME AND ACCEPT ALL RESPONSIBILITY** for the prompt delivery and pick-up of my child to and from the *StMU Discovering Science Program*;
3. **TO OBEY** all the rules and regulations pertaining to the Program and all related activities; **violation of rules and regulations may result in expulsion from the *StMU Discovering Science Program***;
4. **TO GRANT** the College or other College-authorized third party, the non-exclusive right to:
 - a. Photograph and make audio-visual recordings of my child for use in educational, marketing and advertising purposes; and
 - b. Publish my child’s identity in print, electronic, or digital format, including any authorized St. Mary’s University College websites.

ACKNOWLEDGEMENT

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT. It is binding upon myself as well as upon my heirs, executors and representatives, in the event of my death or incapacity. **I HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS AGREEMENT**, and by signing this agreement voluntarily, I am agreeing to abide by these terms.

Signed this _____ day of _____, 20 _____, at Calgary, Alberta.

Name of Student Participant

Signature of Student Participant

Signature of Parent or Guardian

Signature of Witness

Print Name

Print Name

Privacy Statement: By signing above, I consent to having the information in this document collected by the *StMU Discovering Science Program* and St. Mary’s University College. This information is collected in accordance with the Personal Information Protection Act (Alberta) and will be used to administer the *StMU Discovering Science Program*. For further information, contact the College Privacy Officer by phone at (403) 531-9130 or by e-mail at privacy@stmu.ab.ca.