

**PARENTAL RELEASE and INDEMNIFICATION FORM for
"Take Our Kids To Work" Program: Wednesday November 2, 2016**

(Return to Environmental Health & Safety, **ASAP for tours, & before Friday October 28, 2016.**)

email: ehs@uoguelph.ca fax: 519-824-0364 mail: EHS, Alexander Hall, Room 162

Parent/Guardian Name: _____

Address: _____

Department: _____

University Extension: _____

I/We _____ and _____ is/are the legal guardian or

custodial parent of _____, a minor child (whose Date of Birth is: _____).
Such minor child shall hereinafter be referred to as the **"participant"**.

I am aware that as a result of participating in the **"Take Our Kids to Work"** Program, (herein referred to as the **"Program"**) the participant may be exposed to certain risks and dangers inherent in the workplace. In consideration of the University of Guelph approving the participation of the participant in the Program,

I/We _____ and _____ the parents/guardians of the participant agree, for ourselves, our heirs, next of kin, executors, administrators and assigns to **hereby release and forever discharge the University of Guelph**, its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me/us or the participant or both arising out of or in consequence of the attendance or participation by the participant in the Program.

I also acknowledge the University of Guelph does not carry medical, personal health, dental, accident and/or personal property insurance coverage with respect to the participant.

For the same consideration, I/We _____ and _____, the parents/guardians of the participant agree to indemnify the University of Guelph, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University of Guelph, its officers, directors, servants, employees and agents arising out of or in consequence of the attendance or participation by the participant in the Program.

I/We declare that we have read and have understood the above Parental Release and Indemnification Form for "Take Our Kids to Work Program" in its entirety and hereby agree to be bound by the terms and conditions. I/We are aware that by signing this agreement, we are waiving certain legal rights which I/we, my/our heirs, next of kin, executor(s), administrator(s) and personal representative(s) may have against the University of Guelph, its officers, directors, servants, employees and agents. I/We accept the risks associated with my child's participation in the job shadowing noted below.

Signature: _____ Date: _____
Parent or Guardian

Department where child will be participating/ Campus/ Station _____ Bldg/Room Number _____

Job Title to be Shadowed _____ Person Providing Supervision _____ Extension _____
(Please print)

Mandatory Departmental Orientation will be Provided _____ (check to confirm)

Planned activities/tour #: (a.m.)
and/or

Activities/tour #, if desired (p.m.)

Approving Dean/Designate or Director/Designate (Print and Sign)

Extension

Date