

**OFFICE OF HUMAN RESOURCES**

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**INFORMED CONSENT AND INDEMNIFICATION AGREEMENT**

***For Child’s Participation in the “Take Our Kids to Work Day” Program***

***(hereinafter called the “Program”)***

***on November 1, 2017***

**Please Note: By signing this Agreement, you agree to terms that AFFECT YOUR LEGAL RIGHTS and IMPOSE LEGAL OBLIGATIONS UPON YOU. *Please Read Carefully!***

**\_\_\_\_\_\_\_\_\_ (Initial here that YOU HAVE READ THIS NOTICE)**

**TO: THE BOARD OF GOVERNORS OF LAKEHEAD UNIVERSITY** (hereinafter called the “**University**”)

**I. PERSONAL AND PROGRAM INFORMATION:**

**Name of Parent/Guardian** (*please print*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First and Last Names of Participating Child** (hereinafter called the “**Participant**”) (*please print*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent’s Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus** (*please circle one*): **Thunder Bay Orillia**

**University Room/Venue where Participant Will Be Engaged in the Program:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Office Telephone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s University Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Program Activities in Which Participant Will Be Involved** (add extra page if necessary)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**II. AGREEMENT:**

I, the **Participant’s** Parent/Guardian identified above, whose signature is affixed below, In consideration for the **University’s** allowing the **Participant** to be involved in the **Program**, **hereby declare that I understand and agree as follows**:

1. That I have care, custody, and control of the **Participant**. I have the authority to execute this **Agreement**.

\_\_\_\_\_\_\_\_\_\_\_\_ (Initial here that you have read paragraph 1)

1. That participating in the **Program** carries certain risks and dangers inherent to the workplace, which can be mitigated by prudence, but which might nevertheless materialize in potentially harmful ways. **I freely accept and fully assume all such risks and dangers and the possibility of the Participant’s personal injury, illness, death, property damage or loss, resulting therefrom.**

\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial here that you have read paragraph 2)

1. That the **University** does not carry medical, personal health, dental, accident and/or personal property insurance coverage with respect to the **Participant**.
2. That, as an employee of the **University**, I have an obligation to ensure that both I and the **Participant** respect and preserve the confidentiality of all personal and other sensitive information relating to the **University** and its records about which I and/or the **Participant** may become aware in consequence of participating in the **Program**, and to ensure that neither I nor the **Participant** disclose any such information without the prior written authorization of the **University**, and that this obligation of confidentiality continues into perpetuity.

\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial here that you have read paragraph 4)

1. **TO HOLD HARMLESS AND INDEMNIFY the University, including its Board of Governors, directors, officers, employees, students, members, agents, associates, contractors, and volunteers (hereinafter called collectively the “Indemnitees”), from and against all liability, legal actions, damages, costs, fines, and/or penalties arising in association with any injury, death, loss, damage or harm that may befall the Participant and/or any third party, or the Participant’s or any third party’s property, as a result of the Participant’s involvement in the Program, including travelling to and from the Program, UNLESS such injury, death, loss, damage or harm is caused by the SOLE NEGLIGENCE of the Indemnitees while acting within the scope of their duties.**

\_\_\_\_\_\_\_\_\_\_\_\_ (Initial here that you have read paragraph 5)

1. That I hereby authorize the **University** to photograph, audio record, video record, podcast and/or webcast (digitally or otherwise) myself and the **Participant** for promotional and archival purposes related to the **Program** and/or the **University** without charge; and to allow the **University** to copy, edit and otherwise modify, and distribute, in print and online, such recordings including myself and the **Participant** in whatever way the **University** sees fit without having to seek my further approval, provided always that there is no intent to use the recordings in a disparaging manner.

\_\_\_\_\_\_\_\_\_\_\_\_ (Initial here that you have read paragraph 6)

1. That this **Agreement** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

**I HAVE READ AND UNDERSTOOD AND INTEND TO BE BOUND BY THIS AGREEMENT IN ITS ENTIRETY. I EXECUTE THIS AGREEMENT VOLUNTARILY.**

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN SIGNATURE OF PARENT/GUARDIAN’S SUPERVISOR

**This Agreement must be completed in full, initialled where required, signed and dated before the Participant may have any involvement in the Program.**

Personal information on this Form is collected under the authority of the *Lakehead University Act* and will be used in support of the **Program** and for the defence of the **University** against any claims or litigation in any way related to the **Program** and/or this Form. No personal information collected on this form will be disclosed except as permitted or required by law. Any questions on this collection should be directed to: Associate Vice President, Human Resources, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1; telephone: (807) 343-8334