



**Girls Get WISE Science Retreat**  
**April 28, 2017**  
**INFORMED CONSENT AGREEMENT**



Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*(First and last name printed out)*

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone Number: *(Daytime)* \_\_\_\_\_ *(Evening)* \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Emergency Contact Information**

<b>1<sup>st</sup> Contact</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	<b>2<sup>nd</sup> Contact</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
Full Name:	_____	Full Name:	_____
Relationship:	_____	Relationship:	_____
Phone: (Home)	( ) _____	Phone: (Home)	( ) _____
(Work)	( ) _____	(Work)	( ) _____
(Cell)	( ) _____	(Cell)	( ) _____

**Disclaimer:**

The University of Prince Edward Island, their executive, officers, directors, employees, volunteers, members and representatives (hereafter referred to as "the University") are not responsible for any injury, loss or damage of any kind sustained by any person or property while participating in Girls Get WISE Science Retreat (hereafter referred to as "the camp") and all related activities, unless such injury, loss or damage was caused by the sole negligence of the University.

**Assumption of Risk**

I am aware that there are potential risks associated with my child's participation in the above noted camp offered through the University of Prince Edward Island, which include but are not limited to:

- injuries resulting from travel to and from event locations;
- allergic reactions to food, plants, soils, chemicals, meteorites or rocks;
- injuries resulting from participating in simple science experiments, including but not limited to: (Engineering, Physics, Let's Talk Science) building models or equipment with electronic and metal parts, working with non-toxic materials, (Chemistry) performing simple chemical reactions; failure to use protective equipment (lab coats, safety glasses) when required
- injuries from touring scientific departments and laboratories at the University of Prince Edward Island and viewing science demonstrations; and
- injuries such as possible scrapes, broken bones, soft tissue injuries, sun or wind burns resulting from participation in the above noted event and related activities.

### **Acknowledgement of Responsibilities**

The parent/guardian and the participant understand and acknowledge the following:

- **To follow all** the instructions and rules given by those responsible for or in charge of the camp and all related activities while my child is a participant and participating in the camp. I understand and accept that the instructions and rules are in place to provide a safe environment for the camp; and
- **To obey all** the rules and regulations pertaining to the camp and all related activities.

### **Photographic Release**

I agree to grant the Women in Science and Engineering (WISE) – Atlantic Region program, Mount Saint Vincent University, Engineers PEI, Island WISE, University of Prince Edward Island, and media outlets permission to take photos and/or videos (digital or otherwise) of my child and to reproduce the likeness of my child on their websites or in any future promotional materials or news broadcasts, including brochures and audio-visual productions.

*(Please circle one)*      **YES**                  **NO**

### **Consent Agreement**

I acknowledge that I have read and understood the above agreement, appreciate and accept the risks associated with the camp, and consent to my child's participation in the camp and all related activities.

Signed and dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

Day                                  Month                                  Year                                  Location

\_\_\_\_\_  
**Signature of Parent or Guardian**

*(Participant may sign if 18 years or older)*

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Printed Name of Witness**