

McMaster GenStem Conference

Consent for Participation & Risk Acknowledgement Waiver

BY SIGNING THIS LEGAL DOCUMENT, YOU:

1. Indicate that you have understood the activities planned are safe and supervised
2. Indicate that you understand the risks associated with participating in the outlined activities
3. Agree to assume responsibility for any injury resulting from the student's participation in the activity; and
4. Indicate that you have understood and agree to all terms and conditions included in this form.

PLEASE READ CAREFULLY

In consideration for the participation of _____ ("the student") in the GenStem Conference and all activities associated therewith, scheduled to commence November 30, 2019 , and organized by McMaster Women in Science and Engineering (WISE) at McMaster. Activities will include walking throughout campus to various laboratory spaces and educational facilities including and not limited to the Pediatric Exercise Laboratory, Greenhouse, Library, LiveLab and Engineering Labs and participating in low-risk experimental activities in a controlled and safe environment.

I/We, the student and the undersigned parent/guardian of the student, agree to the following terms and conditions:

GENERAL

I/We approve of and give permission for the student to participate in the tour and its activities as part of an educational outreach program meant to demonstrate to students what facilities are available in University

I/We understand that participation in the tour and its activities is voluntary.

I/We acknowledge that I/we have read and understood the written information provided.

ASSUMPTION OF RISK

I/We understand and acknowledge that there are risks as a result of the student's participation in the tour and its activities. I/We have full knowledge of the nature of these risks.

I/We understand and are aware that the risks and hazards to which the student may be exposed while participating in the tour and its activities include, **but are not limited to**, the following:

- Theft or loss of personal belongings;
- Trips, slips or falls;

I/We, nevertheless, freely and voluntarily consent to the participation of the student in the activities outlined and agree to accept these risks and fully understand that I/we will be solely responsible for any loss, injury or damage sustained by the student.

WAIVER OF LIABILITY

In consideration of the student being allowed to participate in the conference with its inherent risks and hazards, I/we agree to waive any and all claims that I/we may have now or in the future against the WISE organizing committee, volunteers and any representatives associated with the tour and its activities as well as McMaster University.

RULES OF CONDUCT, TERMINATION OF PARTICIPATION

I/We recognize that participation in this activity is a privilege and I/we understand and agree that as a participant, the student must abide by all rules, regulations and direction imposed upon the student by the WISE organizing committee and that the failure by the student to do so may result in the student's participation being terminated immediately.

MEDICAL/EMERGENCY

I/We declare that the student is not suffering from any condition, impairment, or illness that would prevent the student's participation in the activities.

I/We acknowledge that the following is information about the student that the conference organizers need to know for the purposes of this trip (medical – including but not limited to medication needs, allergies or medical conditions – physical, emotional or otherwise):

I/We confirm that the following is the emergency contact information for the student and that this emergency contact will be available and accessible at all times for the duration of the event in case of an emergency:

Emergency Contact Name: _____

Relationship to Student: _____

Telephone Number(s) for Emergency Contact: _____

I/We acknowledge and agree that this agreement shall be binding upon and ensure to the benefit of the student.

.....
I/We, the student named herein and the undersigned parent/guardian, acknowledge that we have read and fully understood this agreement and accept the risks of participating in the GenSTEM Conference, its tour, and all related activities.

DATED on the _____ day of _____ 2018

Signature of Parent/Guardian: _____

Signature of Student: _____

Signature of Witness: _____

This form is to be completed in full, signed, dated and witnessed before the student will be permitted to participate in the GenSTEM Conference.

Media Release Form

This document relates to the **WISE Generation STEM event** at McMaster University scheduled to occur on November 30th, 2019

I _____ (Name of parent/guardian if student is a minor under the age of 18; name of student if an adult 18 years of age or older) agree and give permission for the WISE Initiative at McMaster University and/or its partners to record, film, photograph, or videotape my/my child's name, image, and performance to display, publish, or distribute for the purpose of publishing, posting on the WISE website, or posting on social media as determined by the WISE Initiative.

I waive any rights to use these forms of media now or in the future, whether the use is known to me or unknown, and I waive any rights to any royalties to the use of these forms of media.

I understand that these forms of media may appear in electronic form on the internet or in other publications.

____ Please mark this box if you AGREE that you/your child may participate in media events that may be published or broadcasted by the WISE Initiative at McMaster and/or its partners.

____ Please mark this box if you DO NOT WISH for you/your child to participate in media events that may be published or broadcasted by the WISE Initiative at McMaster and/or its partners.

I have read the media release consent form and I understand the contents and meaning of this release. I understand that I am free to contact the WISE Initiative at McMaster regarding any questions or concerns that I may have.

Name: _____

Signature: _____

Date: _____

If participant is under the age of 18, the participant's Parent or Guardian hereby gives permission to use the images, recordings, and materials as outlined above. The Parent or Guardian must sign below and print participant's name above.

(Parent/Guardian) Name: _____

(Parent/Guardian) Signature: _____

Date: _____