



School Administrator Agreement – 2019 CHOICES Conference

Preferred Date of Visit (dd/mm/yy):		
Name of School:		School Board:
School Street Address:		
City:	Province:	Postal Code:
Phone Number:		Fax Number:

Class Information
Name of Supervising Teacher:
Supervising Teacher Email:
Number of Students:

Activities:	All activities that pertain to WISEST's 2019 CHOICES Conference (including group activities, labs, hands-on science, engineering or technology workshops and listening to guest speakers)
Locations to be Visited (include Building and Room):	CCIS and various classrooms and labs at the U of A north campus

Please ensure that the principal of the above school reads and agrees to the following acknowledgements by signing below:

1. The school has ensured that the parents and/or guardians of the participants have given written permission for their child/children to visit the University of Alberta for the purpose as stated above and have signed the University of Alberta Informed Consent Agreement for CHOICES, 2019.
2. The school will ensure that the students will be sufficiently instructed in lab safety and personal safety, and/or field trip safety prior to the above visit to the University of Alberta, as per the safety information that WISEST will provide to confirmed schools.
3. The school has informed students and their parents/guardians that they will be required to walk/travel between different sites on campus to a maximum of five blocks. In some instances students will be going outside, so they should dress appropriately for the weather.
4. The school has advised students and their parents/guardians that there is no place for students to leave their backpacks and outerwear. As a result, they should be advised not to bring valuables and be prepared to carry their belongings.
5. The school will ensure that the students have sufficient supervision at the ratio required by the school's policy and agree that the University of Alberta is not responsible for providing supervision/discipline. The University's only intention is to provide information and instruction to the students as per the request of the supervising teacher.
6. The school will provide the signed Student Informed Consent and Authorization to Reproduce Physical Likeness/Voice and Name for Educational, Marketing and Advertising Purposes by the Dec 3, 2018 deadline, as outlined in WISEST's 2019 CHOICES registration procedures.

Signed this _____ day of _____, 20____ at _____, ALBERTA.

Name of Principal

Signature of Principal

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of implementing this Agreement. Direct any questions about this collection to: **Manager, Insurance & Risk Assessment, 780.492.8886.**



Authorization to Reproduce Physical Likeness / Voice and Name For Educational, Marketing and Advertising Purposes WISEST CHOICES Conference 2019

PRINT - First and Last Name of Student

Parent / Guardian

Address of Student

Address of Parent or Guardian

Telephone Number of Student

Telephone Number of Parent or Guardian

REPRODUCTION RIGHTS

I HEREBY GRANT TO THE UNIVERSITY OF ALBERTA, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to photograph my daughter, make recordings of my daughter's voice, and make combined audio-visual recordings of my daughter and her voice during the CHOICES Conference.

I CONSENT TO THE USE OF THESE RECORDINGS BY THE UNIVERSITY OF ALBERTA for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to the University of Alberta all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of the University of Alberta, worldwide, in perpetuity.

Intended uses:

- 1. Promotional and advertising purposes, including newsletters, information brochures, PowerPoint presentations, video clips and the WISEST website.
2. Media (including, newspaper, radio, television)

I consent and grant the nonexclusive right for any of the above to the University of Alberta [checkbox]

I DO NOT consent or grant the nonexclusive right for any of the above to the University of Alberta [checkbox]

Signature of Guardian (If Participant is Under 18 Years of Age)

Date

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This form will be placed on file and retained in accordance with approved records retention schedules.

ORIGINALS ONLY PLEASE - FAXES OR EMAILS WILL NOT BE ACCEPTED.



INFORMED CONSENT AGREEMENT, CHOICES 2019

The University of Alberta provides on-campus educational, work and volunteer opportunities for students, such as the CHOICES Conference for grade 6 girls on **Tuesday, February 19, 2019** or **Wednesday, February 20, 2019**. The CHOICES Conference engages students by providing hands-on, supervised scientific experiments, guest speaker presentations and a large group activity.

Name of Minor: _____
Print Name of Student Participant

Name of School Student Participant Attends: _____

Description of U of A Program: CHOICES Conference – a science, engineering & technology experience for grade 6 girls

Location of activities: Various classrooms and laboratories at the University of Alberta North Campus

Date of Participation: (select one): _____ Tuesday, February 19, 2019 **OR** _____ Wednesday, February 20, 2019

DISCLAIMER

The Governors of the University of Alberta, Women in Scholarship, Engineering, Science and Technology (WISEST), their officers, directors, employees, volunteers, members and representatives (hereafter referred to as "The University") are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in the CHOICES Conference and all related activities, unless such death, injury or loss or damage was caused by the sole negligence of the University.

ASSUMPTION OF RISKS

The CHOICES Conference activities include but are not limited to: simple scientific experiments, guest speaker presentations, and small group discussions. The University of Alberta strives to provide a healthy and safe work environment. Although the minor will be supervised at all times, there are inherent hazards and risk in the workplace. These include the following:

1. Laboratory Setting: injury, incidents or property damage resulting from participating in simple science, engineering and technology hands-on experiments.
2. Other Settings: injury, incident or property damage resulting from the misuse of workplace equipment (mechanical, electrical, physical) located in any area of the University.

ACCEPTANCE OF RESPONSIBILITIES

CHOICES Conference participants will contribute to the health and safety of those participating by being aware of inherent risks associated with the activities and will avoid undue risks and dangers. My child will be instructed by me to follow the instructions given on safe participation in activities including but not limited to safe work procedures, emergency protocol and other policies and procedures to ensure their safety and the safety for their self and others.

By signing this document the parent/guardian agrees that the minor will:

1. Follow all applicable University procedures, including those pertaining to health, safety, and the environment.
2. Participate in all required training, wear required personal protective equipment, report incidents, injuries and unsafe conditions, and follow all emergency procedures as necessary.

The minor or his/her parent/guardian also agrees to inform the University of a Pre-existing Medical Condition if it may increase the risks normally associated with certain activities at the University.

PARENT/LEGAL GUARDIAN

I, the undersigned, declare that I am the parent or legal guardian of the minor identified herein. I agree to inform the minor of the guidelines and requirements pertaining to this University program. **I CONSENT** to this minor's presence at the University and **I ACCEPT AND FULLY UNDERSTAND** all health and safety risks that may be associated with his/her participation. Upon the University's request, **I AGREE** to remove the minor from campus should he/she refuse to follow the University's instructions or knowingly commit an environmental or health and safety infraction.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Telephone Number at work

Telephone Number at home or cell phone

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2019 CHOICES Payment Information Form

An **Online Payment** option will be emailed to you when you receive a confirmation of reserved spots. This confirmation will only be sent to you if you've completed the 'Request to Attend with School Information' online form in STEP 1. While our preferred method of payment is the Online Payment option, we accept cheques as well.

Only submit this form if you are sending a CHEQUE made payable to 'University of Alberta'.

School: _____ School District: _____

Teacher contact: _____ Teacher Contact Phone: _____

Teacher contact email: _____

Registration Payment (No GST is required):

Number of students _____ x **\$40.00** per student = _____

Cheque enclosed (payable to the University of Alberta)

NOTE: Receipts for cheque payments will be issued to teachers/principals who attend the conference in their welcome package.