INFORMED CONSENT AGREEMENT

The University of Alberta provides on-campus educational, work and volunteer opportunities for high school students, such as the SET Conference for High-School Girls on November 24th, 2018. The SET Conference engages students by providing hands-on, supervised scientific experiments, guest speaker presentations and small group discussions.

Name of Minor: _____________________________
Print Name of Student Participant

Description of U of A Program: SET Conference – a one-day science, engineering & technology experience

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

Date of Program: Saturday, November 24, 2018

DISCLAIMER

The Governors of the University of Alberta, Women in Scholarship, Engineering, Science and Technology, 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 SET 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 SET Conference activities include but are not limited to: simple scientific experiments, guest speaker presentations, and small group discussions. 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 activities associated with the SET Conference. The University of Alberta strives to provide a healthy and safe work environment although 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

SET 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 of 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 _____________________________
Cell Phone Number _____________________________

Witness Signature _____________________________
Witness phone number _____________________________

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 waiver. Questions concerning the collection, use and disposal of this information should be directed to: WISEST Coordinator at (780) 492 – 1842. This form will be retained in accordance of approved records retention schedules.

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