



General

Child's Full Name: _____

Parent Full Name: _____

Primary Phone #: _____ Primary Email: _____

Camp information will be sent out 1-week before camp, select how you would like to receive this info (*circle*): **Text** **Email** **Both**

Bus Information

Bussing to and from camp is provided at no cost. Morning drop off times are firm, the bus will leave without you. Circle your preferred bus location:

Kainai Skating Rink

Drop off: 8:30-8:45am – FIRM

Pick up: 5:00-5:15pm

Piikani Secondary School

Drop off: 8:30-8:45am – FIRM

Pick up: 5:00-5:15pm

Camper Info

School: _____ Current Grade: _____

Birthday: _____ Age: _____ Gender: _____

Home Address: _____

Shirt Size:
(*circle*)

Youth Small
Adult Small

Youth Medium
Adult Medium

Youth Large
Adult Large

Emergency Contact

Name: _____ Name: _____

Phone #: _____ Phone #: _____

Relationship: _____ Relationship: _____

Medical

Allergies: _____

Does your child carry an Epi Pen (*circle*): Yes No

Behavioural Accommodations: _____



MINOR PARTICIPANT RELEASE OF LIABILITY, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

TO: THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE (The University) & ACTUA (A National Organization to which Destination Exploration is a member),

By signing this document you consent to your child's voluntary participation with the Destination Exploration Program coordinated by the University of Lethbridge and you are accepting the risks associated with the Program to which your child may be exposed; you authorize the University to secure medical services for your child should it be required, and agree to be financially responsible for any such medical services; and assume financial responsibility for any damage to third persons or their property to which your child is legally liable.

PLEASE READ CAREFULLY!

Child First Name: _____ Surname: _____ Date of Birth: _____

Address: _____ City, Prov: _____ Telephone #: _____

THE PROGRAM & AUTHORIZATION TO PARTICIPATE:

The University of Lethbridge's Destination Exploration Programs, "InSTEM Camp" during the months of July & August 2023 bring the best of STEM" (Science, Technology, Engineering and Math) as participants explore science experiments & activities through projects like 3D printing, Spheros, coding, and more. Transportation to attend is organized through the university with Southland transport for bussing from Kainai or Piikani (all hereinafter referred to as "the Program"). Participation in the Program is also voluntary and may be withdrawn at any time.

DESCRIPTION AND ASSUMPTION OF RISKS:

The University implements health and safety process in its governance and in its programming and university facilitators will orientate your child to the Program and associated activities and any safety protocol as applicable. However, and despite safety measures being embedded into the delivery of the Program and its activities there remain inherent risks and hazards not all of which may be listed, but to which could cause bodily injury, permanent disability or in extreme circumstances loss of life and/or loss or damage to property. These risk and hazards include but are not limited to:

- a. **TRANSPORTATION RISKS:** Risk of motor vehicle collision, mechanical failure, and operator error
- b. **HEALTH RISKS:** Risk of exposure, contraction, transmission, or lingering effects of communicable disease active within the community including those of Covid-19 and its variants.
- c. **PHYSICAL RISKS:** Such as any manner of injury resulting from use, misuse, non-use and failure of apparatus/equipment; and/or failure to play and learn safely within one's ability and/or slips and falls on uneven or wet surfaces including those located at the pool deck and on campus grounds; and
- d. **PROPERTY RISKS:** Such as theft, vandalism, or loss of personal property.

I also understand that THE UNIVERSITY cannot assume financial responsibility for any medical assistance or treatment should it be necessitated in connection to my child's participation in the Program; and **I accept that I am responsible for my child's health, medical, dental and property insurance** and any associated costs over and above such afforded coverage.

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT:

In accordance with my child(ren)'s registration, I have reviewed the description of the Program and the summer camp procedures and safety protocols and feel that I am sufficiently informed about the nature of the activities and the corresponding risks. I further consent to my child(ren)'s voluntary participation in the program and **I hereby release ACTUA and the University**, its directors, officers, employees, volunteers, and agents (the "Released Parties") of all liability of injury, death, or other damages to me, my child(ren), family, estate, heirs, or assigns that may result from my child(ren)'s participation in the Program.

On behalf of my child(ren), I hereby waive any and all claims that my child(ren) has/have or may have in the future against the Released Parties and hereby release and forever discharge the Released Parties from all actions, suits, proceedings or liability for personal injury, illness, death, or property damage sustained or caused by my child(ren), and all costs, expenses or losses resulting therefrom as a result of participation in the Program, due to any cause whatsoever including, without limitation, negligence, breach of statutory duty or otherwise. None of the Released Parties referred to herein will bear any liability whatsoever should any injury, illness or death occur to my child while s/he is participating in the Program and its activities, or at any time afterwards because of that participation.

I agree to **HOLD HARMLESS & INDEMNIFY the Released Parties** for all liability to which the University has no legal obligation, including but not limited to: Any damage to the property of, or personal injury to my child(ren) or for injury and/or property damage suffered by any third party resulting from my child(ren)'s actions while participating in the Program.

Name of Guardian/Parent: _____

Signature of Guardian/Parent: _____ Date: _____



Use of Likeness/Voice/Name

Marketing & Advertising Purposes University of Lethbridge

Destination Exploration Spring/Summer Programs

To: The Governors of the University of Lethbridge

I, _____
Full name

I hereby GRANT or NO NOT GRANT my consent without compensation to me

To take and use:

Listing of photographs, videotapes or audio tapes to be disclosed:
Photographs and audio/video recordings of my child, whether in whole or in part, during their participation in the 2023 U of L's Destination Exploration Spring/Summer programming.

For the purpose(s) of:

State specific use/purpose of information release:
Promotional, educational and research purposes of the University of Lethbridge and for promotional purposes of the University's Destination Exploration Youth Programs' national organization (Actua). Specific use is to showcase, market, advertise and promote youth educational programs and enrichment experiences.

Distributed through:

State Method by which the material will be distributed (i.e. website, e-mail, social networking):
Promotional materials or publications such as program brochures, posters, or otherwise displayed to the public or used for educational purposes, including the University of Lethbridge website, Actua website, other organizational and public websites, mass media outlets, and social media.

For the following period:

5 years

Name or Parent/Legal Guardian: _____

Signature or Parent/Legal Guardian: _____ Date: _____