



## PERMISSION FORM

This form **MUST** be signed by a parent or legal guardian of any child participating in a Geering Up Workshop at the University of British Columbia. Please return this signed and completed form for your child to participate.

### PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### PHOTO RELEASE

UBC may occasionally take pictures of its workshop participants for use in promotional/ advertisement materials or publications (brochures, websites, newspaper ads, etc.). By ticking the box below, you agree to allow UBC to reproduce the likeness of your child in such promotional/ advertisement materials and publications.

- Yes, you may photograph my child.
- No, please do not photograph my child.

### FIRST AID

I give permission for any Geering Up staff member to administer first aid treatment my child. I also understand that I will be responsible for any medical or other charges in connection with his/her treatment.

### APPROPRIATE BEHAVIOUR AGREEMENT

Participants are expected to be respectful and considerate towards other participants, UBC staff including all volunteers, and external partner organization staff. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing the workshop instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, UBC may require the participant to withdraw from the remainder of the workshop, without reimbursement of any workshop fees. **I confirm that I have discussed these rules and expectations with my child.**

### ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS

I have reviewed the description of the workshop, and feel that I have sufficiently informed myself about the nature of the workshop and the activities involved. I acknowledge that there is some risk of injury involved in my child's participation in the workshop, and I acknowledge and accept these risks.

I hereby consent to my child's participation in the workshop on the terms and conditions set out above by signing below.

Signature of Parent/ Legal Guardian: \_\_\_\_\_

Printed Name of Parent/ Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_