



PARENTAL PERMISSION FORM

This form **MUST** be signed by a parent or legal guardian of any child participating in GIRL GUIDE BADGE DAY at the UNIVERSITY OF WINDSOR. Please bring this completed and signed form to the event on March 10, 2018 in order for your child to be able to participate.

First and Last name of child: _____

Release of Information

I give permission for the UNIVERSITY OF WINDSOR to use the following information to help assess and share the effectiveness of its Engineering & Science Outreach programs. Conclusions drawn from this anonymous information may be made publicly available. Your decision on allowing us to use the below information will not affect the participation of your child in the engineering outreach programs.

Please check the information that you will allow us to use:

- ☐ Birthdate, gender and postal code at time of registration
- ☐ The outcomes of program activities (photos or sample of work)
- ☐ To be contacted by email to ask further questions about Girl Guide Badge Day and its impact.

Note: all pieces of information provided will be kept separate and securely in line with Ontario privacy standards. If you have any questions about how this information will be maintained, please contact winone@uwindsor.ca

I understand that UNIVERSITY OF WINDSOR and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that the University, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from UNIVERSITY OF WINDSOR campus.

I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity and I agree to indemnify and save harmless the UNIVERSITY OF WINDSOR, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child(ren) as a result of their participation in this program UNLESS such injury, loss, damage or harm is caused by the SOLE NEGLIGENCE of UNIVERSITY OF WINDSOR or its representatives while acting within the scope of their duties.

I hereby grant permission for my child to fully participate in the Girl Guide Badge Day Event. I declare having read and understood the above and hereby consent to my child participating on the basis described. The UNIVERSITY OF WINDSOR is solely responsible for the use and protection of any and all personal information collected from registrants.

Permission is hereby given for any photos of my child to appear in the program brochure or in any other advertising publication by UNIVERSITY OF WINDSOR.

Yes ☐ No ☐

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date