University of Windsor

PARENTAL RELEASE AND INDEMNIFICATION FORM FOR "TAKE OUR KIDS TO WORK DAY" PROGRAM

Take Our Kids to Work Day Date: November 5, 2025

Parent/Guardian Name: _____

Address: _____

Department: _____

University Extension: _____

Email: _____

I, _____ , the legal guardian or parent of _____ , (the "Participant") will allow him/her to participate in the "Take Our Kids to Work Day" Program at the University of Windsor, on November 5, 2025

I am aware that job shadowing and "Take Our Kids to Work Day" Program involve certain risks and dangers inherent to the work place. I release the University of Windsor, its officers, directors, administrators, employees or their personal representatives from any and all actions, claims and demands for damages, loss and injury, arising now or which may hereafter be sustained by me or the participant or both arising out of or in consequence of the attendance or participation by the Participant in the Program and I assume full responsibility for supervising the Participant and assume all risks in connection therewith.

I also acknowledge that the University of Windsor does not carry medical, personal health, dental, accident and/or personal property insurance coverage with respect to the Participant.

I agree to indemnify University of Windsor, its officers, directors, administrators, employees, or their personal representatives from any claims or demands which might be made against the University of Windsor, its officers, directors, administrators, employees or their personal representatives arising out of or in consequence of the attendance or participation by the Participant in the "Take Our Kids to Work Day" Program.

I DECLARE THAT I HAVE READ AND UNDERSTAND THE ABOVE PARENTAL RELEASE AND INDEMNIFCATION FORM FOR "TAKE OUR KIDS TO WORK DAY" PROGRAM IN ITS ENTIRETY. I UNDERSTAND AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS. I AM AWARE THAT BY SIGNING THIS FORM I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE UNIVERSITY OF WINDSOR, ITS OFFICERS, DIRECTORS, ADMINISTRATORS, EMPLOYEES OR THEIR PERSONAL REPRESENTATIVES.

_____   _____
Parent or Guardian Signature   Date

_____
Location where child will be participating in the Job Shadow component during the "Take Our Kids to Work Day" Program