

**CREATIVE ENCOUNTERS WITH SCIENCE
PARENTAL RELEASE and INDEMNIFICATION FORM
for
Dissection Activity**

I/We _____ and _____ is/are the legal guardian or custodial parent of _____, (the Participant, whose Date of Birth is: _____). I/We are aware that the University of Guelph (hereinafter referred to as “**the University**”) provides a program called Creative Encounters with Science (hereinafter referred to as **Creative Encounters**). I/We am aware that the activities involved in the Creative Encounters may pose certain risks and dangers including but not limited to **use of campus athletic and other facilities and working in science laboratories**. More particular risks for activities involved in Creative Encounters may include but are not limited to: injury or loss resulting from the use of chemicals, hot plates, scissors, glue-guns, soldering tools , sharp wires and other tools and instruments.

I/We am/are aware that Creative Encounters will be holding a dissection in my/our child’s club/camp program. I/We am/are aware that this dissection will make use of scalpels, probes, tweezers and any other tools found in a common dissection kit. I/We are aware that our child will be dissecting fresh or preserved animal organs.

In case of injury, accident or otherwise, I/We hereby give our permission to the University, its officers, directors, servants, employees and agents to provide basic first aid, or to procure medical treatment for the Participant by a nurse, doctor, hospital or clinic chosen by the University and/or its employees, agents. I/We give our permission to the University to administer the following emergency medication(s) to be supplied by me/us. Type of medical condition and type of emergency medication provided:

I/We further agree to be jointly and severally responsible for any and all costs associated with such treatment.

In consideration of the University of Guelph approving the participation of the Participant in Creative Encounters, I/We agree for ourselves, our heirs, next of kin, executors, administrators and assigns to hereby release and forever discharge the University, its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by the Participant arising out of or in consequence of the attendance or participation by the Participant in Creative Encounters. Creative Encounters cannot be held accountable for disruptions that are beyond its control which may include but are not limited to: power outages, severe thunderstorms.

For the same consideration, I/We agree to indemnify the University, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University of Guelph, its officers, directors, servants, employees and agents arising out of or in consequence of the attendance or participation by the Participant in Creative Encounters.

By signing this consent, I agree to allow Creative Encounters with Science and/or Actua to take photos or videos (digital or otherwise) of my child and to reproduce the likeness of my child (no names to be used) in promotional materials, including brochures and audio-visual productions.

I/We declare that we have read and have understood the above Creative Encounters Parental Release and Indemnification Form for Underage Participants in its entirety and hereby agree to be bound by the terms and conditions. I/We are aware that by signing this agreement, we are waiving certain legal rights which we, our heirs, next of kin, executors, administrators and assigns may have against the University, its officers, directors, servants, employees and agents.

Date: _____

Signature: _____
Parent or guardian

Witness: _____

Signature: _____

Witness: _____

Parent or guardian