



Girls Get WISE Science Retreat PEI – May 23rd, 2015



UNIVERSITY OF PRINCE EDWARD ISLAND MINOR ACCESS AGREEMENT:

I, _____, the undersigned parent/guardian of _____ (hereafter “my child”) consent to my child participating in the Girls Get WISE Science Retreat on May 23rd, 2015 at the University of Prince Edward Island. At my request, the University of Prince Edward Island has granted my child the permission to take part in science experiments in a UPEI Physics, Engineering or Chemistry Department’s teaching laboratories, on Saturday, May 23rd, 2015, under the supervision of UPEI laboratory staff and/or faculty members.

I acknowledge that I am aware that this program may expose my child to various risks, or physical injury, sickness or death. Further, I acknowledge that UPEI is not able to ensure my child’s complete safety and I freely on behalf of accept and fully assume all liability for such risks, damages, hazards, losses, injury, expense, or inconvenience that may arise from participation in this laboratory activity.

In consideration of UPEI, I, on behalf of my child do hereby:

- (a) Release and agree to save harmless and indemnify UPEI from any and all liability, which I or my child may have now or in the future, for any loss, property damage, causes of action, personal injury or death, delay or expenses resulting from participation in the Girls Get Wise Science Retreat, including any liability which may arise out of the negligence (except gross negligence) of UPEI.
- (b) Agree to exonerate, indemnify, and hold UPEI harmless from and against any and all obligations or liabilities which my child may incur as a result of damage or injury to the person or property of others while participating in the Girls Get WISE Science Retreat.
- (c) All references in this document to UPEI shall include its affiliated institutes and partners, its directors, officers, employees, agents and any volunteers involved in the Girls Get WISE Science Retreat.
- (d) This document is binding upon my heirs, next of kin, executors, administrators, and assigns in the event of my death or incapacity.

I hereby acknowledge that I have read and understood this Agreement prior to signing it, and I am aware that by signing this Agreement I am waiving certain legal rights on behalf of my child _____ which I or my heirs, executors, administrators and assigns may otherwise have or have had against UPEI. I do further acknowledge that it has been recommended to me that I seek independent legal advice prior to executing this Agreement and I declare that I have either received such advice or have declined to seek such advice.

This Agreement may not be modified except in writing by UPEI and no oral modifications or interpretations shall be valid. This Agreement shall be governed by the laws of the Province of Prince Edward Island.

Signed at _____, Province of _____, this _____ day of _____, 2015.

Parent/Guardian Name

Signature

WISE ATLANTIC PARTICIPANT EMERGENCY CONTACT INFORMATION:

Parent/Guardian contact phone information:

Name (print): _____

(Home) _____ (Work) _____ (Cell) _____

Medical issues of my child to be aware of:

Secondary Contact Information (optional):

Name (print): _____

(Home) _____ (Work) _____ (Cell) _____

WISE ATLANTIC PARTICIPANT PHOTO RELEASE PERMISSION:

I hereby authorize the taking and/or use of photographs and/or videotape for promotional purposes by the Women in Science and Engineering – Atlantic Region program, [Mount Saint Vincent University, Engineers PEI, Island WISE, ITAP, UPEI and the Prince Edward Island Department of Transportation and Infrastructure Renewal](#)

This consent is expressly intended to release from liability; Women in Science and Engineering, Mount Saint Vincent University, [Engineers PEI, Island WISE, ITAP, UPEI and the Prince Edward Island Department of Transportation and Infrastructure Renewal](#) and their employees and the photographer/videographer in taking said photographs/videotapes.

Minor's Name in Photo: _____

Parent or Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

WISE Atlantic Chair Signature: _____ Date: _____

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