

# Consent Form

## Cape Breton Regional Science Fair

**ATTENTION:** This is a legal document. Please read carefully the contents of this consent form and clarify any concerns with the staff at the school organizing the event or the School Principal before signing each page.

It is important that this form is completed in its entirety, signed, and returned in order for your child to participate in this activity.

**PRIVACY NOTICE:** Cape Breton Regional Science Fair is collecting the personal information requested in this Form to: obtain lawful consent for your child to participate in the activity; coordinate the activity; respond and report respecting any injury or medical condition that may arise during, or as a result of the activity; and update School records where necessary.

The information will only be accessed by authorized School staff and will be dealt with in accordance with the privacy requirements of the Nova Scotia Freedom of Information and Protection of Privacy Act.

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorized or required by law, or you have given the School permission for the information to be disclosed.

**IN CONSIDERATION** of the **Cape Breton Regional Science Fair** offering my child, \_\_\_\_\_ an opportunity to participate in the activity described below on March 29<sup>th</sup> – March 30<sup>th</sup>, 2017 I hereby give and provide my consent, and acknowledge by my signature that my child may participate.

**1. ACTIVITY DESCRIPTION:**

March 29<sup>th</sup>, 2017  
Cape Breton Regional Science Fair Judging Day: 8am – 4pm

March 30<sup>th</sup>, 2017  
Cape Breton Regional Science Fair Public Viewing and Awards Ceremony: 6pm – 8pm

**2. ACTIVITY RISKS:**

There are inherent risks, hazards and dangers while participating in school activities. The list below identifies some risks : effects of weather existing and changing route collision with natural and man-made objects and with other persons condition of the terrain, environment and facilities equipment failure and malfunction unmarked obstacles ability and fitness of students separation from the group, insect bites, poison plants and wildlife due to remoteness, immediate emergency medical care might not be available due to remoteness, communications devices may not operate acts of fellow participants drowning, injury, paralysis or death

**I am aware of the usual risks and danger involved in participation in this activity, including any specified above and of the possibility of personal injury, fatal injury, property damage or loss that may result.**

I have read and understood this page. Legal Guardian: \_\_\_\_\_

**3. SUPERVISION:**

Students will be supervised by CBRSF committee members and volunteers at the Verschuren Centre, Cape Breton University during judging hours. Students are ONLY supervised during lunch hour if they remain in the Verschuren Centre.

**4. HEALTH AND MEDICAL TREATMENT:**

My child does not have any illness, allergy, or disability that prevents his or her participation in this event

My child has an illness, allergy, or disability that could affect his or her participation in this event.

List illness, allergy, or disability: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

**5. EQUIPMENT AND CLOTHING:**

I acknowledge that it is the responsibility of me and my child to ensure that all necessary equipment brought by my child to the event and acknowledge that my child may be prevented from participation if s/he does not have all necessary equipment and clothing.

**6. CODE OF CONDUCT & ACTIVITY SITE RULES AND REGULATIONS:**

My child and I understand that the School Code of Conduct applies during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to abide by these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

**7. RISK OF ACCIDENT:**

Accidents can result from the nature of this activity and can occur with or without any fault on either the part of the student, school board or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I accept the risk of an accident and agree that this activity, as described above, is suitable for my child.

**8. CONTACT INFORMATION:**

Should the School need to contact me during this event:

Contact Number Valid for the Time of the Activity: \_\_\_\_\_

Alternative Contact Information: \_\_\_\_\_

**9. CONSENT**

In signing this Consent, I am not relying on any oral or written representation or statement(s) made by the School Board, its servants, agents, employees, or authorized volunteers to induce me to allow my child's participation in this activity other than those contained in this Consent.

I acknowledge the Privacy Notice, above.

I am 19 years of age or older and I have carefully read the contents of this Consent Form and have clarified any concerns with the staff at the School organizing the event or the School Principal before signing each page. I understand that it is a legal document that is binding on me, my heirs, executors and administrators.

\_\_\_\_\_  
Name of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date