

Participant Waiver Form

Participation in NWP's Trades and Technology Camp (the "Camp") involves various hands-on activities, sports, games and physical activity which by their very nature, have the potential to cause damage or bodily injury. I hereby consent to the participation by _____ ("the Participant") in the Camp and I agree to and do hereby indemnify, save harmless and release the Northwestern Polytechnic, its officers, directors, governors, employees, agents representatives and insurers (collectively referred to as "NWP) from any and all claims, actions, costs, expenses and demands of whatsoever kind, in respect to loss, damage, bodily injury or death to persons, including the Participant, or to property which may arise out of or in connection with the Participant's participation in the Camp, unless such loss is occasioned by or attributable solely to the gross negligence of NWP.

I acknowledge that NWP hereby reserves the right to request that the Participant withdraw from the Camp prior to its termination if, in the sole opinion of the Coordinators or the Instructors, the Participant is not acting in a responsible manner or displaying appropriate conduct or in the event that the Participant's behavior is deemed to constitute a danger to the health, safety or well being of other participants in the Camp. I further confirm that any medical condition or medication requirements of the Participant, of which I am aware, have been disclosed to NWP herein.

Experience has shown that, in connection with Camp activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Camp counselors in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised. I also consent to the transport by the Camp counselor in charge, or designate, to a medical facility, if medical treatment is required.

Participant Name: _____

Camp Name & Date(s): _____

Name of Parent or Legal Guardian (please print): _____

Signature of Parent or Legal Guardian: _____

Date Signed: _____

Alberta Health Care Number: _____

Please indicate any medical condition or allergies we should be aware of: _____

RETURN TO:

Amber Moskalyk - NWP

780.835.6771

amoskalyk@nwpolytech.ca

PRINT - First and Last Name of individual

Parent/Guardian (If individual Under 18 Years of Age)

Address of individual

Address of Parent or Guardian

Telephone Number / email address of individual

Telephone Number /email address of Parent /Guardian

I HEREBY GRANT TO NORTHWESTERN POLYTECHNIC "NWP", including its employees, agents, assigns, or other third party as NWP may authorize on its behalf, the nonexclusive right to:

- Take Photographs of ME
- Make recordings of MY VOICE
- Make combined audio-visual recordings of ME and MY VOICE
- Photograph and make recordings of MY (specify) _____
- Student work (specify type) _____
- Personal Information (specify information to be disclosed) _____

(Where feasible attach a copy of the visual / sound recordings approved by this authorization.)

I CONSENT TO THE USE OF THESE RECORDINGS BY NWP for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to NWP all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of NWP, worldwide, in perpetuity **OR** for the dates specified _____.

Intended uses and/or purpose include:

Department seeking consent: (name and department) _____

CONSENT TO DISCLOSE
I understand that NWP shall not be required to pay any consideration to myself for the unlimited usage of the photograph, videos and/or digital image and contents of any taped interview, written story or personal information provided.
By signing this form I am authorizing the use of my personal image and information as outlined above. I understand that I am not required to provide this consent should I choose not to do so and that consent may be withdrawn at any time at my written request.

Signature of Individual (If Over Age 18)

Date

Signature of Guardian (If individual is Under 18 years of Age)

Date

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of managing the specified use(s). Questions concerning the collection, use and disposal of this information should be directed to: **Information and Privacy Coordinator, PH: 780-539-2097, EMAIL: ssyrja@nwpolytech.ca**