



DEPARTMENTAL APPROVAL and INFORMED CONSENT, RISK ACKNOWLEDGEMENT and INDEMNITY AGREEMENT

This request must be submitted by the laboratory supervisor to their Department Head, Dean, or Director for written permission to allow a Young Person to access a laboratory, participate, and engage in the defined scope of activities outlined in this document.

(Please print all information)

Name of Young Person: _____

Name of Parent or Guardian: _____

Parent or Guardian Telephone (Home): _____ (Work/Cell): _____

Young Person's Home Address: _____

Young Person's Date of Birth: _____

This section is to be completed the Laboratory Supervisor

Laboratory Supervisor: _____

Laboratory Bldg(s)/Room #(s): _____ Telephone Number: _____

Start Date: _____ End Date: _____ Hours: _____

Scope of any activities that the Young Person will be engaged in:

Hazards and potential risks identified in the above mentioned laboratory:

List all hazards and potential risks identified, personal protective equipment and training required as identified on the Young Person's Hazard Assessment and Control Form.



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PARENT/GUARDIAN SECTION

RMSP-January 20, 2022

YOUNG PERSONS ACCESSING LABORATORIES ~ CHILD INFORMED CONSENT

TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY
INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT
WARNING: By signing this document you indicate that you understand the risks associated with the activity(ies), that you are aware that by allowing your child to participate in the activity(ies) you are exposing him/her to the risks identified below. It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.
PLEASE READ CAREFULLY!

YOUNG PERSON'S NAME: _____
PARENT'S/GUARDIAN'S NAME: _____
PARENT'S/GUARDIAN'S ADDRESS: _____
ACTIVITY NAME: Young Persons Accessing Laboratories
ACTIVITY START DATE: _____ ACTIVITY END DATE: _____

I hereby grant permission for my Young Person to access a laboratory to engage in the Scope of Activities (the Activities) indicated on page 1 of this document.

Participation in these Activities carries with it certain inherent risks. I am aware that by allowing my Young Person to participate in the Activities, my Young Person may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks that are:

- Indicated on page 1 of this document;
- Indicated on the Hazard Assessment and Control Form (HACF); and
- Including but not limited to the following:

General:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus or any other means of transportation to, from, or during the activity(s);
- Loss, damage, injury, illness, death or expense that my child, or that members of my household(s) may suffer, including the contraction of a Communicable Disease as a result of my child's participation in this Activity. Communicable Diseases include, but are not limited to, any disease that can be transmitted from one person to another including viruses, bacteria, parasites or other organisms.
- Food Consumption: Ensure your child is aware not to partake of drinks/food that may be provided during this program if they have any food allergies.

NOTE: Please consult with your child's physician prior to them participating in any physical activity(s) or using any equipment if they have any pre-existing conditions which may be affected by their participation in the activity(s).

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Working in Laboratories:

- The use or misuse of laboratory equipment;
- The use of surgical instruments, including, but not limited to, scalpel blades, scissors, hemostats or forceps;
- Allergic reaction from gloves and hand cleaning products;
- The inhalation, ingestion, injection or physical contact with chemical or biohazard materials;
- Falling against, impacting, entanglement or impairment on apparatus, equipment or against the floor;
- Contact with participants or other people or injuries arising from their actions; and
- My Youth's participation and/or use of equipment beyond their skills and abilities.

I have explained the risks associated with this activity to my child and he/she understands the risks. In consideration of The Governors of the University of Calgary permitting my child(s) participation in the activity(s) of Young Persons Accessing Laboratories, I agree as follows:

1. The University of Calgary may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such medical advice and services.
2. I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by the Instructor. I have explained to my child the need to follow the instructions given by the instructor.
3. I understand that if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(s) in which he/she is participating. I understand that the University of Calgary accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.
4. I agree to HOLD HARMLESS AND INDEMNIFY The Governors of the University of Calgary from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in the activity(s).

.....(Initial here that you have read paragraph 3.)

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

Signed this _____ day of _____, _____.

SIGNATURE OF PARENT OR GUARDIAN PARENT OR GUARDIAN NAME (please print)
WITNESS SIGNATURE (Non Family Member) WITNESS NAME (please print)
WITNESS ADDRESS WITNESS TELEPHONE #

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraph 3 must be initialed before the child may participate in the activity(s).



LABORATORY SUPERVISOR SECTION

Supervisor Name (please print): _____

Supervisor Signature: _____

DEAN / DEPARTMENT HEAD / DIRECTOR SECTION

Department Head /Dean/ Director Name (please print): _____

Signature: _____ Title: (please print): _____

*** Once completed, please retain the original of this form in the department, program or faculty office and a copy of the completed HACF in the department, institute, program or faculty office must be retained for:**

- 18 plus 12 years past the birth date listed on page 1