



## PARENTAL PERMISSION FORM

*This form **MUST** be signed by a parent or legal guardian of any child participating in specially organized youth programs at The University of Western Ontario. Please bring this completed and signed form to the event on **October 1<sup>st</sup>, 2011** in order for your child to be able to participate.*

Name of child \_\_\_\_\_

I understand that the University and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that the University, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from the University campus.

I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity and I agree to indemnify and save harmless *The University of Western Ontario* its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child(ren) as a result of their participation in this program UNLESS such injury, loss, damage or harm is caused by the SOLE NEGLIGENCE of the University or its representatives while acting within the scope of their duties.

**I hereby grant permission for my child to fully participate in the Go ENG Girl program. I declare having read and understood the above and hereby consent to my child participating on the basis described. Go ENG Girl is solely responsible for the use and protection of any and all personal information collected from registrants.**

\_\_\_\_\_  
(Signature of parent or guardian)

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
(Printed name of parent or guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone number)

Permission is hereby granted to contact my child via mail/email to follow up on their career choice.  
Yes \_\_\_\_ No \_\_\_\_

Permission is hereby given for any photos of my child to appear in the program brochure or in any other advertising publication by the University.  
Yes \_\_\_\_ No \_\_\_\_ Note – Coloured dot to appear on name tag.

Please state any allergies or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_