

## **Informed Consent Agreement**

I/We the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in hands-on camp activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions of others, or a combination of both. I/We understand that the rules and regulations are designed for the safety and protection of participants and hereby undertake that my child will abide by these rules and regulations. I/We hereby warrant that my/our child is physically fit to participate and understand that the choice to participate brings with it the assumption of those risks and results which are part of these activities.

COVID-19 has been declared a worldwide pandemic by the World Health Organization and is extremely contagious; it can spread by person-to-person contact. By participating in this camp activities, I/we acknowledged and understand that our child may become infected with COVID-19, which could result in the following: extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy/intervention, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications (including lung and heart complications) and the risk of death. COVID-19 may cause additional risks, some of which may not currently be known at this time. All of these risks could cause me/us to incur medical and other expenses.

I/We agree that the University of Western Ontario, its governors, officers, employees, students, and volunteers, shall not be liable for any injury to my child or loss or damage to my child's personal property arising from, or in any way resulting from, his/her participation in those activities, unless such injury, loss or damage is caused by the sole negligence of the University, their governors, officers, employees, students, and volunteers, while acting within the scope of their duties. I/We agree to allow my child to receive basic first aid/ medical care from instructors certified in first aid or trained medical professionals if necessary. I/We declare having read and understood the above Informed Consent Agreement in its entirety and hereby consent to participate acknowledging all the foregoing. I/We also certify that the information provided in this form is, to my/our knowledge, true and complete.