



UofA Hide and Seek Club - Weekly Events (January 26 - April 12, 2024)
University of Alberta Hide and Seek Club

INFORMED CONSENT

PARENT/GUARDIAN: PLEASE READ CAREFULLY

BY SIGNING THIS FORM, YOU ACCEPT CERTAIN LEGAL OBLIGATIONS

INITIALS

Name of Participant	Last Name:	First Name:
Identification Number: (UAlberta ID, if applicable)		Age:
Address:		City, Province:
Emergency Contact:	Last Name:	First Name:
Relationship:		Phone Number:

Assumption of Risks

In consideration of my child’s participation in the UofA Hide and Seek Club - Weekly Events, I acknowledge that I am aware of, and freely accept **all risks, dangers and hazards** associated with my child being a participant in the UofA Hide and Seek Club - Weekly Events, including the possible risk of severe or fatal injury to my child or others. These risks include, but are not limited to:

1. The risks associated with traveling on commercial, public, or private vehicles to and from locations to be visited, including but not limited to a vehicle accident resulting in severe physical injuries or death;
2. Injuries, incident or property damage resulting from travel to and from all locations, venues and destinations in relation to the UofA Hide and Seek Club - Weekly Events;
3. General health risks such as allergic reactions to food, animals, environment;
4. Injuries or illness resulting from failure to follow directions, instructions and guidelines provided by those in charge of the activity;
5. Injury or loss arising from falls on the ice or on steep, slippery or uneven terrain during travel;
6. Injury and/or illness resulting from exposure to weather conditions, including but not limited to cold, snow, ice, wind, hail, rain, sleet, fog, etc;
7. Sunburn, heat exhaustion, heat stroke, or heat-related injuries of any nature resulting from exposure to weather conditions, including but not limited to high temperatures, sunlight, high humidity, etc.;
8. The possibility of bodily injury from physical activity including broken bones, muscle strains and sprains, soft tissue injury such as cuts and abrasions, and dental damage from falling or being knocked down;
9. Injury resulting from impact with obstructions, equipment, other participants or spectators;
10. An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;
11. Potential exposure to infectious and communicable disease, including but not limited to COVID-19.

Initials: _____

Release of Liability and Indemnification

In consideration for the University allowing my child to participate in the UofA Hide and Seek Club - Weekly Events, I agree:

1. that the Governors of the University of Alberta, University of Alberta Hide and Seek Club, their officers, employees, and volunteers (hereinafter referred to as the “University”) are not responsible for any loss, damage, injury or expense of any kinds sustained by my child while participating in the UofA Hide and Seek Club - Weekly Events and all related activities, including to the extent that any loss, damage, injury or expense that might result from the negligence of the University;
2. to **WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the University arising out of any aspect of my child’s participation in the UofA Hide and Seek Club - Weekly Events and **to RELEASE** the University from any and all liability resulting from any loss, damage, injury (including death) or expense that my child may suffer as a result of my child’s participation in the UofA Hide and Seek Club - Weekly Events, due to any cause whatsoever, including without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, as well as any duty of care owned under the *Occupiers’ Liability Act* (Alberta) on the part of the University;
3. to **INDEMNIFY AND HOLD HARMLESS** the University in relation to:
 - a. any damage to University property caused by my child;
 - b. any and all liability for any damages to the personal property of, or personal injury to, any third party resulting from my child’s participation in the UofA Hide and Seek Club - Weekly Events; and
 - c. any and all claims, demands, actions and costs which might arise out of my child participating in the UofA Hide and Seek Club - Weekly Events, even though such claims, demands, actions and costs may have been caused by the University.

Initials: _____

Acknowledgement

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives. Further, I acknowledge and agree:



1. To instruct my child to follow all rules and guidelines set out by the University and its representatives related to the UofA Hide and Seek Club - Weekly Events and all related activities.
2. That students of the University of Alberta are subject to the University of Alberta’s Code of Student Behaviour and Student Conduct Policy and, if my child is a student, I will instruct them to conduct themselves accordingly at all times.
3. That I will instruct my child to participate safely and within his or her abilities.
4. That I will instruct my child to wear appropriate attire, including footwear, for outdoor activity and weather conditions.
5. To instruct my child to follow all guidelines for infection prevention and control as required, including social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to prevent the spread of COVID-19 and other communicable diseases.
6. That I will ensure my child will follow health authority self-isolation guidelines and stay home if they feel ill.

Signed this _____ day of _____, 20 _____, at _____.
(City, Province)

Signature of Parent/Guardian

Signature of Witness (Non-Family Member)

Printed name of Parent/Guardian

Printed Name of Witness

Witness Address (If not University employee)

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 administering the activity, managing records retention, and/or to communicate with the emergency contact in case the participant is seriously injured or ill. Direct any questions about this collection to: Office of the Dean of Students, 5-02 Students Union, 8917-116 Street NW, 780-492-4145, dosdean@ualberta.ca

Note: This informed consent must be copied (in colour, if possible) to a single double-sided page and completed in full (initialed, signed, dated, witnessed) before any participant may begin this activity. No changes to the document may be made except by the Dean of Students or Insurance & Risk Assessment staff. Signed documents will be kept for a minimum of ten years after the participant reaches the age of 18.