

**SCIENTIFICALLY YOURS 2019**

<b>Name of Participant</b>	Last name:	First name:
<b>Address</b>	Street:	
	City:	Province:
	Country:	Postcode:
<b>Emergency Contact</b>	Last name:	First name:
	Relationship:	Phone:
<b>Email address of participant:</b>		
<b>For room placements</b>	Male, Female or Other (explain):	
<b>Date of Birth (yyyy/mm/dd)</b>		
<b>High School Grade level</b>		
<b>School (School Board, City)</b>		
<b>Science Teachers Name</b>		
<b>Activity</b>	Scientifically Yours Conference 2018	
<b>Date(s)</b>	Thursday May 9, 2019 to Friday May 10, 2019	
<b>Location</b>	Brock University Main Campus	

**MEDICAL HISTORY**

<p>Has your child been treated for any medical conditions (i.e. heart condition, high blood pressure, asthma, fainting/seizures/epilepsy, diabetes, sun sensitivity, etc.)? Please list relevant details:</p>  
<p>Does your child have any other health, emotional, behavioural or learning problems that we should be aware of in order to deliver a safe and effective program for your child? Please list relevant details:</p>  

### MEDICATION INFORMATION

Is your child taking medication that we should be aware of:      Yes      No	
Medication #1:	Please list relevant details:
Medication #2:	Please list relevant details:

### ALLERGY INFORMATION

Does your child have any allergies:      Yes      No      EpiPen Required?      Yes      No					
Allergy #1:	Please list relevant details (symptoms, severity, treatment etc):				
Allergy #2:	Please list relevant details (symptoms, severity, treatment etc):				

***We cannot guarantee a nut free/peanut free environment.***

### DIETARY INFORMATION

Does your child have any food restrictions:      Yes      No	
Please explain:	

## CODE OF CONDUCT

Brock University is a community that exercises jurisdiction and authority on campus as far as it is necessary to ensure the safe and orderly operation of the University. During your stay on campus you will be considered a member of the Brock community. Therefore, all Scientifically Yours Conference participants are required to adhere to all Brock University Policies and the Student Code of Conduct, and to obey all reasonable Brock staff instructions while participating or on Brock property.

Brock endeavors to provide a working and learning environment of the highest quality, supportive of scholarship and research and free from stereotyping, harassment and discrimination. We believe that the members of the University community must lead the way toward becoming a humane and just society - where interpersonal interactions are based on honesty and integrity, where race, ancestry, place of origin, citizenship, creed, sex, age, sexual orientation, marital status, family status or disability make no difference, where respect for individual worth prevails, and where violence is not tolerated in any form.

Conduct which is considered unacceptable and may be grounds for dismissal from Scientifically Yours includes, but is not restricted to, the following:

- failure to comply with directions of University Officials, Campus Security Services, or other law enforcement officers acting in performance of their duties
- failure to comply with published University policies, rules or regulations
- possess University property or the property of any member of the University community without the permission of the rightful owner
- creating a condition which endangers or threatens the health or safety of themselves or others.
- harassing another person. Harassment is defined as any unwanted behaviour (physical, verbal, written or otherwise) directed at an individual or group by another individual or group who know(s) or ought reasonably to know that this behaviour is unwanted.
- using any facility, equipment, material or service contrary to express instruction or without proper authority
- using computer equipment on campus to download, distribute or send offensive, discriminatory, and/or harassing material
- the use and/or possession of illegal drugs, gambling, pets, firearms, possession and consumption of alcohol by persons under 19 years of age.

*Full details of the Brock University Student Code of Conduct can be found at:*  
<http://www.brocku.ca/webcal/current/undergrad/code.html>

### Incidents of misconduct will be dealt with as follows:

Violations of civil or criminal law will be handled with the assistance of Campus Security and local police. In all cases where serious misconduct has occurred or is suspected to have occurred, students, parents/guardians and school officials will be notified and individuals may be required to withdraw from the Scientifically Yours conference at Brock's discretion.

**I declare having read and understood the above and agree to abide by all Brock University Policies and the Student Code of Conduct.**

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

## WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

### PLEASE READ CAREFULLY: BY SIGNING THIS DOCUMENT, YOU ARE WAIVING SIGNIFICANT LEGAL RIGHTS

As a participant (the "Participant"), or legal guardian of a Participant (each individually, "I"), in the activity detailed above ("Activity"), I agree to the following terms and conditions and provide the following waiver, assumption of risk and indemnity to Brock University ("Brock"):

#### 1. Activity Waiver

In addition to the general risks involving travel and physical activity, this activity involves walking to various campus locations, consumption of catered meals, workshops within laboratories and sleeping in student residences which carry the following particular risks: exposure to known or unknown food or other allergens, physical activity injury and/or death related to physical activity, and laboratory environments that may have chemicals, irritants, biohazardous materials, dangerous equipment, or live organisms.

I am aware that Brock 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 including but not limited to, risks arising in laboratory environments, residential, teaching, cafeteria facilities, plus outdoor and group activities.

I understand Brock University accepts no responsibility for the continuance of any activity within the conference which may not be completed as a result of an act of God, fire, riot, strikes, lockout or any cause beyond the control of Brock University.

In consideration of participating in the Activity, I represent that I understand the nature of the Activity, and that I, or the Participant, am in good health, and proper physical condition to participate in such an Activity. I acknowledge that if I believe event conditions are unsafe, I, or the Participant, will immediately discontinue participation in the Activity. I agree that I or the Participant will follow all instructions, rules and health and safety regulations in taking part in the Activity.

I am aware that by participating in the Activity, the Participant and/or I may be exposed to many risks that may result in, amongst other things, illness, physical injury, partial or total disability, death and/or property loss or damage. I also understand that there may be other risks either not known to me, or not readily foreseeable at this time. I fully accept and assume and agree to be solely responsible for all such risks and responsibility for losses, costs, and damages I incur as a result of my own or the Participant's, participation in the Activity.

#### 2. Medical Waiver

If during my, or the Participant's, participation in the Activity, I, or the Participant, should need emergency medical treatment and I am not able to give my consent for, or make my own arrangements for, that treatment due to my injuries or absence, I authorize Brock to take whatever measures are necessary to protect my or the Participant's, health and wellbeing, including, if necessary, securing emergency medical treatment. I acknowledge and agree that Brock will not be responsible for any medical/health expenses that may be incurred as a result of my or the Participant's participation in the Activity.

#### 3. Media Waiver

I give to Brock the perpetual, irrevocable and unrestricted right and permission to use, re-use, publish, and republish photographic portraits, pictures and other forms of media, of me or in which I, or the Participant, may be included ("Media") without restriction as to changes or transformations made through any and all media now or hereafter known for advertising and promotional purposes, without any compensation.

#### 4. Indemnity and Release

In consideration of the opportunity to participate in the Activity, I hereby release and discharge Brock and its administrators, directors, agents, officers, volunteers and employees ("Releasee") from all liability of any nature whatsoever, including without limitation, NEGLIGENCE, INCLUDING NEGLIGENT SUPERVISION OR FAILURE TO SUPERVISE, breach of contract, breach of statutory or other duty of care, or for any use or publication of the Media, and for all claims, demands, losses or damages howsoever caused or alleged to be caused in whole or in part by the Releasee, excepting only claims or losses arising directly as a result of a Releasee's gross negligence or willful misconduct. I further agree that I will be liable to the Releasee for and indemnify and hold harmless the Releasee from and against any and all claims, demands, losses or damages which may be brought, alleged or made against Brock or which the University may pay or incur as a result of or in connection with my participation in the Activity where the loss or damage is caused by my negligence or willful misconduct, alleged negligence or willful misconduct or any other cause except the negligence or willful misconduct of Brock.

Initial Here \_\_\_\_\_

#### 5. General

I affirm that I am over the age of majority and have the right to contract in my own name. I understand and agree that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death or incapacity. This agreement may not be modified except in writing and signed by Brock University. If any portion of this agreement is held to be invalid the balance, notwithstanding shall continue in full force and effect.

#### 6. Insurance

I understand that Brock University does not carry accident or injury insurance for my benefit and that it is my responsibility to ensure that I have adequate medical, dental, travel, and accident or injury insurance, as well as insurance for the personal possessions I will be bringing to participate in the Activity. I agree to be solely responsible for any loss or injury of any nature whatsoever arising as a result of my failure to obtain such insurance or as a result of the type of insurance I purchase.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it, including rights which my heirs, next of kin, executors, administrators and legal representatives may have against the Releasee, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant (if 18 and over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Printed Name of Witness: \_\_\_\_\_

Please send this completed and signed form to: Christene Carpenter-Cleland, Department of Biological Sciences, Brock University, 1812 Sir Isaac Brock Way, St. Catharines, ON L2S 3A1, Fax: 905 984 4864 or [ccarpenterclela@brocku.ca](mailto:ccarpenterclela@brocku.ca) by April 23rd, 2018 in order for your child to be able to participate.

**PRIVACY NOTICE:** Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the *Brock University Act, 1964* and in accordance with the *Freedom of Information and Protection of Privacy Act* ("FIPPA"). The information will be used to administer this agreement. Direct any questions about this collection to the Christene Carpenter-Cleland of the Scientifically Yours Committee at Brock University at (905) 688-5550 ext. 5788