

University of Manitoba: *Minors in Restricted Area Consent Form*

ALL ACTIVITIES ARE SUBJECT TO UNIVERSITY OF MANITOBA POLICIES AND PROCEDURES

Student Information

Date Submitted: _____

Students' Last Name: _____ Student's First Name: _____

Student's Address: _____

Students' Birth Date: _____ Emergency Contact Number: _____

Teacher: _____

School: _____ School's Phone Number: _____

Special Medical Considerations (Medications, Allergies): _____

Physical Disability if applicable: _____

University of Manitoba Staff Member Information

Staff Member's Name (Please print): _____

I understand that minors ARE NOT ALLOWED in restricted areas at any time, unless approved by Dean, Director or Department Head [Signature to be obtained on reverse].

Staff Member's Signature: _____

Office Location: _____ Phone Number: _____

Date of Activity – Start: _____ End: _____

Description of project student will be doing or reason for visit: _____

Locations: 1) Building: _____ Room: _____

2) Building: _____ Room: _____

Please Identify any Hazardous materials located in the laboratory or work area:

Chemicals [] Radiation emitting devices [] Radioactive materials [] Lasers []
Heavy Equipment [] Biohazardous materials [] Animals [] Mobile Equipment []

Other: [] _____

Please describe the control measures that are necessary to protect the student. Please be specific use extra space if necessary: _____

Please indicate protective equipment, if any, the student will need: _____

Is equipment available? If not, please explain: _____

Are you able to provide a detailed written description/assessment of potential hazards? (Please attach): Yes [] No []

Please be specific and use extra sheets if necessary.

OVER ↻

Parental Release and Indemnification

I, as parent and/or legal guardian for _____ [*insert name of student*] (the "student"), wish for the student to participate in an educational opportunity at The University of Manitoba (the "University") as described in this Consent Form (the "educational opportunity");

I ACKNOWLEDGE that the student's participation in the educational opportunity at the University can only take place with my approval, the approval of a senior administrator, and in the presence of a University staff member. I further acknowledge that the student will have limited access the hazardous facilities, equipment and materials, and must follow all applicable safety rules, instructions, guidelines and protocols. I agree that the student's failure to follow these conditions will result in an immediate withdrawal of all privileges of the student with regard to the educational opportunity.

IN CONSIDERATION of the University arranging for the student to have the educational opportunity:

1. I ACKNOWLEDGE that participation in the educational opportunity involves an inherent risk, including risk of personal injury;
2. I AGREE to allow the student to participate in the educational opportunity notwithstanding the inherent risk;
3. I, for myself, and as parent and/or legal guardian for the student, on behalf of the student, RELEASE the University (including its officers, employees, and agents) from any claims for personal injury (including death), damages, losses related to the educational opportunity;
4. I, FURTHER AGREE TO INDEMNIFY and save harmless the University (including its officers, employees, and agents) in respect of any claim, complaint, or demand related to the student's participation in the educational opportunity.
5. This Release and Indemnity shall be binding on me and the student, as well as our respective heirs, executors, administrators, successors and assigns.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS.

IN WITNESS WHEREOF I have set my hand on the date set out below.

Witness

Signature

Date: _____

Please print your name here:

Dean, Director or Department Head Permission

Permission given by (please print): _____

(Dean, Director or Department Head)

Signature: _____

Comments: _____

Date: _____