

THE GOVERNORS OF ST. FRANCIS XAVIER UNIVERSITY

INFORMED CONSENT, RISK ACKNOWLEDGEMENT
AND INDEMNITY AGREEMENT

WARNING: By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives the University authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

PLEASE READ CAREFULLY!

TO: THE GOVERNORS OF ST. FRANCIS XAVIER UNIVERSITY

CHILD'S NAME: _____

GUARDIAN'S/PARENT'S NAME: _____

ADDRESS OF GUARDIAN/PARENT: _____

COURSE CODE & TITLE or RESEARCH PROJECT: StFX-AARMS-CMS Math Camp

1. I am aware that by allowing my child to participate in the **StFX-AARMS-CMS Math Camps**, I will be exposing him/her to the following inherent risks, including but not limited to:

GENERAL:

- theft, vandalism or loss of personal property;
- motor vehicle or traffic accidents;
- any manner of injury resulting from use, misuse, non-use and failure of any equipment;

I have explained the risks associated with these activities to my child and he/she understands the risks.

2. St. Francis Xavier University may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.

3. THAT if my child is supplying his/her own equipment, I am responsible for ensuring that it is safe and well maintained equipment which is up to the requisite standards for the activity in which he/she is participating. I understand that the University accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my child's equipment.

_____ (Initial here that you have read paragraph 3.)

4. I agree to HOLD HARMLESS AND INDEMNIFY The Governors of St. Francis Xavier University from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in this activity.

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5. I hereby authorize **StFX-AARMS-CMS Math Camps, St. Francis Xavier University, Canadian Mathematical Society (CMS), and the Atlantic Association for Research in the Mathematical Sciences (AARMS)** to photograph, audio record, video record, podcast and/or webcast the child (digitally or otherwise) without charge; to publish the name and school of the child on the **StFX-AARMS-CMS Math Camps** website; and to allow **StFX-AARMS-CMS Math Camps, StFX, CMS and AARMS** to copy, modify and distribute in print and online, those images that include your child in whatever appropriate way either **StFX-AARMS-CMS Math Camps, StFX, CMS or AARMS** sees fit without having to seek further approval. No names will be used in association with any images or recordings.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

Signed this _____ day of _____, 2_____

SIGNATURE OF PARENT OR GUARDIAN

WITNESS SIGNATURE (**Non Family Member**)

WITNESS NAME (please print)

WITNESS ADDRESS

WITNESS TELEPHONE #

This agreement must be completed in full, signed, dated, and witnessed and paragraph 3 must be initialled before the participant is allowed to participate in the activity.

IMPORTANT: By signing this form, you indicate that your child expects to attend the camp. If, due to unforeseen circumstances, your child is not able to attend, you must inform the organizers and the teacher making the nomination immediately.

Please ensure the completed and signed form is returned to the school early enough to allow the teacher making the nomination to forward the form to the organizers by the closing date posted on the webpage.