

**University of Manitoba Phys. Ed Department
Stonybrook Middle School
Activity Day February 8, 2017**

The Stonybrook Middle School is arranging a Winter Activity Day on February 8, 2017.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK – Informed Consent

Transportation: School Bus to and from University of Manitoba in Winnipeg

Educational activity programs, which includes the activities that are offered at the University of Manitoba, which are being offered, involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. A few examples of the type of accident which one is at risk of having occur while participating in these activities are:

- 1: Vehicle/pedestrian travel
- 2: Falling
- 3: Sprained ankle/wrist/fingers
- 4: Bruises/scrapes
- 5: Pulled muscles

These accidents result from the nature of the activity and can occur without any fault on either part of the student, or the School Board or its employees or agents, or the facility where the event is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in these activities on February 8th, 2017, you must understand that you will bear the responsibility for any accident that might occur. The Hanover School Division does not provide an accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT & PERMISSION

We have read the above; we understand that in participating in these activities, we are assuming the risks associated with doing so. I give _____ permission to participate in this event.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

**** PLEASE NOTE: UNIVERSITY OF MANITOBA PHYSICAL EDUCATION DEPARTMENT
WAIVER FORM MUST BE ATTACHED TO THIS HANOVER SCHOOL DIVISION WAIVER
FORM.**

Child's last name _____ First name _____

Birthdate _____ Gender M F

MM | DD | YYYY

Mailing address _____

City _____ Postal Code _____

E-mail address _____

Are you willing to be contacted by one of our researchers directly? Yes No

Contact/Authorized Pick-Up Information

Mother/Guardian name _____

Phone (home) _____ (daytime) _____ (cell) _____

Father/Guardian name _____

Phone (home) _____ (daytime) _____ (cell) _____

Alternate contact name (other than parent/guardian) _____

Phone (home) _____ (daytime) _____ (cell) _____

Office use only

Cash Debit Cheque Visa MasterCard

Date received _____ Amount paid _____

Processed by _____ Participant Notified by _____

Phone In person Fax Mail

Staff initials _____ Barcode _____

Payment information (fax and mail registrations only)

Please make cheques payable to the University of Manitoba and send to:

Mini U Programs, Customer Service Desk,

Room 145 Frank Kennedy Centre, University of Manitoba

Winnipeg, Manitoba R3T 2N2 | Fax: 204-474-7503

Payment

We do not accept post-dated cheques. Check method of payment:

Cheque Visa MasterCard

Card Number _____ Expiry Date _____

Authorized credit card signature _____

School Name: Stonybrook Middle School

Program Name: _____ Program Date: Feb, 8

Barcode: _____

Questions? Call 204-474-6100

Waiver, Release, Indemnity, Acknowledgement of Risk, and Conditions of Enrollment

I hereby authorize the University of Manitoba to take photographs of my child named in this application ("my child") during camp activities, and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with the University of Manitoba. yes no

1. I also understand that injuries can arise by accident from the very nature of camp activities, and I hereby release and waive all rights to any claim or action against the University of Manitoba (the "university") arising from injury, loss or damage to my child or to my child's property except where such injury, loss or damage is caused by the negligence of the university.

2. I hereby authorize the university to seek emergency medical assistance for my child named in this application ("my child") if the parents/guardians or emergency contact cannot be contacted. I understand that over-the-counter medications (e.g. Tylenol) may be used during camp and hereby authorize the use of such medications for my child if required.

3. I have read the general information in the Spring/Summer 2013 Mini U Guide and understand the refund policy.

Signature _____ (PARENT OR GUARDIAN)

Date _____

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the registration and admission of the applicant in the University of Manitoba Mini U Programs. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (tel: 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.