

## PARTICIPANT REGISTRATION FORM

### Participant Info

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male  Female   
Allergies: Yes  No  If yes, to what? \_\_\_\_\_  
Medications: Yes  No  If yes, what kind(s)? \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Emergency Info

Name of Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Medical Info

Does your child have any medical conditions? \_\_\_\_\_  
Please list any family information or special instructions that the instructor should know: \_\_\_\_\_  
\_\_\_\_\_

### Pick Up Info

I hereby authorize the following people to pick up my child at the program location in the event parent(s)/guardian(s) are unable to.

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE OF LIABILITY – WAIVER OF CLAIMS – ASSUMPTION OF RISKS – INDEMNITY AGREEMENT**  
 (this “Waiver”)

**BY SIGNING THIS WAIVER, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT, HOWSOEVER CAUSED**

**Definition**

In this Waiver:

- (a) “**Activities**” shall include all activities, services and use of facilities either provided by or arranged by the Releasees, including, but not limited to: orientation sessions; recreational activities undertaken during the event or tour; participating in farm tours, visiting and engaging in activities in the Animal Exhibit, Discovery Centre Displays and Dairy Barns;
- (b) “**Releasees**” means Dairy Innovation Association, Bakerview Ecodairy Ltd. and their directors, officers, employees, instructors, guides, agents, representatives, volunteers, independent contractors, subcontractors, suppliers, sponsors, successors and assigns

IN CONSIDERATION of me, as the undersigned, being permitted to participate in the Activities offered by the Releasees upon its premises, and for other good and valuable consideration, I hereby agree as follows:

1. The Activities involve **many inherent risks, dangers and hazards**, including but not limited to: approaching, touching, petting or feeding any animals; running, tripping, pushing, or falling while participating in the Activities; negligence of other participants or other persons; **AND NEGLIGENCE ON THE PART OF RELEASEES INCLUDING THE FAILURE OF THE RELEASEES TO SAFEGAURD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.**
2. I AM AWARE of the risks, dangers and hazards associated with participating in the Activities and I **FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM;**
3. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have **AGAINST THE RELEASEES AND TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in the Activities, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING ANY FAILURE ON THE PART OF THE RELEASEES TO SAFEGAURD OR PROTECT ME FROM THE RISK, DANGERS AND HAZARDS OF PARTICIPATING IN THE ACTIVITIES;**
4. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** for any and all liability and property damage, loss or personal injury to any third party resulting from my participation in the Activities;
5. This Waiver shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.
6. I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in the Activities, other than what is set forth in this Waiver, when signing this Waiver.

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS WAIVER PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS WAIVER I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Participant	Name of Participant
Signature of Guardian or Parent (if Participant is under age of majority)	Name of Parent or Guardian
Signature of Witness	Name of Witness



## Important Notice for Participants Media Consent Form

In accordance with the BC *Freedom of Information and Protection of Privacy Act*, GearBots Makerspace is seeking your consent to collect, retain, use and disclose photographs, videos, images and/or names of students and groups of students in a variety of publications and on the GearBots website(s) for promotional purposes, such as recognizing and encouraging student achievement, and for the purposes of building community and informing others about our programs and activities.

Student names and/or images may be used in:

- Communications, such as newsletters, brochures and reports;
- GearBots website, social medial sites/video channels such as Twitter, Flickr, and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to our events); \*\*

\*\*Please note that GearBots staff cannot control news media access, photos/videos taken by the media or by others in public locations. These are considered public events.

**Please complete and return to your school:**

\_\_\_\_\_ **I DO GIVE MY CONSENT** for GearBots to collect, use and publicly disclose my child's name and/or image for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed outside of Canada.

\_\_\_\_\_ **I DO NOT CONSENT** to the use and disclosure of my child's name and/or image for the above purposes for this school year

**Student's Name:** Last \_\_\_\_\_ First \_\_\_\_\_  
(please print)

Student signature (high school) \_\_\_\_\_

**Parent/Guardian Name:** Last: \_\_\_\_\_ First \_\_\_\_\_  
(please print)

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Phone #s** \_\_\_\_\_ **Date:** \_\_\_\_\_