



# Participant Registration Form

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Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male  Female  School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: Yes  No  If yes, to what? \_\_\_\_\_

Medications: Yes  No  If yes, what kind(s)? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email address:

## Emergency Information

Name of the Parent / Guardian: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell / Work Number: \_\_\_\_\_

Email address:

## Medical Information:

Does your child have any medical concerns we should know about? \_\_\_\_\_

Please provide any special instructions that we should be aware of: \_\_\_\_\_

**Pick up Procedures: Other than yourself,** please list the adults that will be picking up your child from class:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



## Important Notice for Participants Media Consent Form

In accordance with the *BC Freedom of Information and Protection of Privacy Act*, GearBots Educational Resources and GearBots Makerspace are seeking your consent to collect, retain, use and disclose photographs, videos, and images in a variety of publications and on the [www.gearbots.org](http://www.gearbots.org) website 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. Please note that we do not post or display student names or other personal identification.

Student images may be used in:

- Communications, such as newsletters, brochures, presentations, workshops and reports;
- GearBots website, social media sites/video channels such as Twitter, Flickr, Instagram, Facebook 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 this form and bring to your first class:**

\_\_\_\_\_ **I DO GIVE MY CONSENT** for GearBots Educational Resources to collect, publically display images of my child for purposes consistent with the above. I understand that images posted on the internet may be stored and accessed outside of Canada.

\_\_\_\_\_ **I DO NOT CONSENT** to the disclosure of my child's image for the above purposes for this course.

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

Student signature (Grade 9 or higher) \_\_\_\_\_

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

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

**Parent/Guardian Phone #s** \_\_\_\_\_ **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; makerspace classes / workshops;
- B. “ Releasees” means GearBots Makerspace, GearBots Educational Resources, Abbotsford Christian School Society, University of the Fraser Valley 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: injuries resulting from tripping or falling while participating in the Activities; injuries caused while using tools to build prototypes in the Activities; negligence of other participants or other persons; AND NEGLIGENCE ON THE PART OF RELEASEES INCLUDING THE FAILURE OF THE RELEASEES TO SAFEGUARD 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\_\_\_\_\_.

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|---|--|
| <p>Print Name of Participant</p>        | <p>Signature of Participant</p>                                    |
| <p>Print Name of Parent or Guardian</p> | <p>Signature of Guardian or Parent (if participant is a minor)</p> |
| <p>Print Name of Witness</p>            | <p>Signature of Witness</p>  |