



Leadership Programs

Acknowledgement and Acceptance of Risk and Consent

Childs Name & Grade: _____ Week of the Program: _____

Location of the Program: _____ Name of the Program: _____

NOTICE TO PARENT/GUARDIAN – It is a condition to the Child’s participation in the Program that you, the undersigned parent/guardian of the Child, must carefully read and understand this document and sign it to acknowledge the same and that you understand that the Child’s participation in the activity may expose the Child to risks associated with camp activities and accept the inherent risks.

Participants are expected to be respectful and considerate towards other participants, Future Ready Minds staff including all instructors, and volunteers as well venue staff / personnel. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing camp instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event that there is a continuous breach of these rules, Future Ready Minds may require the participant to withdraw from the remainder of the camp, without reimbursement of any camp fees. I confirm that I have discussed these rules and expectations with my child.

PARENT/GUARDIAN RESPONSIBILITY FOR CHILD – I, the undersigned parent/guardian of the Child, understand and accept that, in respect of the Child’s participation in the Program, **IT IS MY RESPONSIBILITY** (1) to ensure that I consider and understand the risks and consequences of injury within the classroom and playground setting, (2) to determine that the physical demands of this camp requires that my child be medically, physically, and emotionally fit and fully able to participate in the activities and (3) if a parent or guardian is not reachable that I consent to such first aid or clinical treatment of my child, in the event of emergency or other incident, as the attending staff, ambulance personnel, or health care professionals may advise. I will be responsible for any medical or other charges in connection with my child’s treatment or attendance; (4) to provide emergency medical information regarding the Child as required in this document.

AWARE OF RISKS – I AM AWARE OF ALL RISKS TO THE CHILD IN CONNECTION WITH HIS OR HER PARTICIPATION IN THE PROGRAM, INCLUDING, BUT NOT LIMITED TO AS FOLLOWS:

(1) the risks, dangers, and hazards similar to those presented in any elementary school environment such as: impact and collision with other participants; accidents or injuries while playing outdoors or on the playground; mosquito and bug bites while outdoors, contraction of a contagious disease including, but not limited to, COVID-19; allergic reaction due to contact with unknown allergens contained in school supplies and STEM related supplies, failure to play safely within one’s own ability; theft; consumption of food and drink and negligence of other participants.

I have reviewed the description of the Future Ready Mind programming and feel that I have sufficiently informed myself about the nature of the camp and the activities involved and I hereby consent to my child’s participation in the camp on the terms and conditions set out above by signing below

Printed Name of Parent/ Legal Guardian: _____ Signature: _____

Date: _____



MEDICAL INFORMATION:

Future - ready Minds requires that a few medical questions about the child be answered for the safety of the child:

1. Any surgery or serious medical issues in the last five years: **No / Yes**

If Yes, please describe: _____

2. Allergic to any medications: **No / Yes**, If Yes, please describe: _____

If Yes, would Adrenaline or Epinephrine injection be required?: **No / Yes**

3. Heart Problems: **No / Yes**, If Yes, please describe: _____

4. Diabetes: No / Yes, If Yes, please describe: _____

5. Asthma: No / Yes, If Yes, please describe: _____

6. High/Low Blood Pressure: No / Yes, If Yes, please describe: _____

7. Allergy: No / Yes, If Yes, please describe: _____

8. List any prescription drugs currently been taken: _____

9. List any other medical condition/s that would be of concern: _____

10. Emergency Contact: _____ Tel: _____

All of the above questions have been answered as accurately as possible. Must be read, signed and completed by each Child. (If under the age of 19 a Parent or Guardian signature is required)

I HAVE READ AND UNDERSTAND THIS DOCUMENT

Signed on _____ (day) _____ (month) _____ (year)

Parent/ Guardian Signature _____ **Parent/Guardian Name** _____

Tel/Cell#: _____



Media Release for Public Use

I grant permission to Future - ready Minds to use my child's image (photographs and/or video) for use in Future - ready Minds publications including videos, email blasts, brochures, and newsletters and to use my child's image in electronic versions of the same publications or on the Future - ready Minds blog/website or other electronic forms of media.

I **DO NOT** grant permission to Future - ready Minds to use my child's image (photographs and/or video) for use in Future - ready Minds publications including videos, email blasts, brochures, and newsletters and to use my child's image in electronic versions of the same publications or on the Future - ready Minds blog/website or other electronic forms of media.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name of child (please print): _____

Signature of parent or legal guardian (if under 18 years of age): _____

Thank you for your time!