

Please review the information below. If you have any questions, please contact Risk Management & Insurance at [riskmgmt@ucalgary.ca](mailto:riskmgmt@ucalgary.ca), or 403-220-5847.

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## TAKE OUR KIDS TO WORK DAY

### PARTICIPATION REQUEST, WAIVER, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

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This request must be submitted by the Employee (who must also be a parent or guardian of the child) to their supervisor and to their Department Head, Dean, Director or Associate Vice-President for written permission to participate with their child in the "Take Our Kids To Work Day". **NOTE: Any child participating in the program must be accompanied by the indicated parent/guardian at all times while participating in this program.**

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(Please print all information)

Name of Employee and Parent/Guardian: \_\_\_\_\_

Employee's telephone home: \_\_\_\_\_ Work/Cell telephone: \_\_\_\_\_

Department: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Childs Home Address: \_\_\_\_\_

Age of Child: \_\_\_\_\_

Date of Participation: \_\_\_\_\_

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**This section is to be completed the employee and the employee's supervisor:**

**Areas/Locations the child will be entering: (Note: If you are asking permission to have the child enter a laboratory, please reference the draft Young Persons Accessing Laboratories standard for the rules regarding Youth in laboratories which can be obtained by calling Environment, Health and Safety at 220-6543.)**

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**Hazards and potential risks identified in the above-mentioned areas:**

Theft, vandalism, damage or loss per personal property.

Any manner of harm, injury, illness, death or property damage suffered by or resulting from use, misuse, non-use and failure of any equipment.

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**Scope of any Activities that the child will be engaged in:**

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**EMPLOYEE (PARENT/GUARDIAN) AND SECTION**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS  
AND INDEMNITY AGREEMENT**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY!**

**ASSUMPTION OF RISK**

I am aware that allowing my child to participate in “Take Our Kids To Work Day” has many inherent risks, including, but not limited to, those indicated on page 1. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury or death, property damage or loss, resulting therefrom.

I am aware that I am responsible to accompany my child at all times while he/she is participating in this program.

I agree that I will not take my child to any non-public areas of the University, other than those listed above as Areas/Locations.

I will ensure that my child has the appropriate personal protective equipment and safety training for any area they may enter (as required by the University).

I understand that it is my child’s responsibility to abide by the rules and regulations imposed on him/her by the University. I have explained to my child the need to follow any safety instructions given by either myself or other University personnel.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

**In consideration of the Governors of the University of Calgary** permitting my child’s participation in the “Take Our Kids to Work Day”, I agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against **The Governors of the University of Calgary** and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as “the Releasees”;
- 2. TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that my child may suffer as a result of my child’s participation in the “Take Our Kids to Work Day” 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 OWNED UNDER THE OCCUPIER’S LIABILITY ACT, RSA 2000 C. 0-4 AS AMENDED ON THE PART OF THE RELEASEES;**
- 3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to the property of, or person injury, to any third party, resulting from my child’s participation in the “Take Our Kids to Work Day”;
- 4. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.**
- 5. This Waiver shall be governed by and construed in accordance with the laws in force in the province of Alberta and the federal laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, disputes and actions arising out of and related to the activity(ies) and this Waiver and the parties hereby attorn to the jurisdiction of Alberta courts.**

6. In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Releasees, other than what is set forth in this Agreement.

**I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I AM PARENT OR GUARDIAN TO THE "CHILD", THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND THAT I AM AWARE, THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

Child Signature: \_\_\_\_\_

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

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

Witness Signature (must be a University employee): \_\_\_\_\_

Witness Name: (please print): \_\_\_\_\_

Witness Phone Number: \_\_\_\_\_

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**SUPERVISOR SECTION**

Supervisor Name (please print): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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**DEAN / DEPARTMENT HEAD / DIRECTOR SECTION**

Department Head /Dean/ Director Name (please print): \_\_\_\_\_

Title: (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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Once completed, please retain a copy of this form in the Dean/Dept. Head/Director's office and send a copy to Risk Management & Insurance at: [riskmgmt@ucalgary.ca](mailto:riskmgmt@ucalgary.ca)