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Ryerson University Virtual EarlyON Program Parent/Guardian Informed Consent & Assumption Of Risk Form

PARTICIPANT INFORMATION		
Participant Last Name (Child)	Participant First Name (Child)	
Parent/Guardian Name	Parent/Guardian Contact Information	Relationship to Participant
	Phone:	
	Email:	
PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISKS		
	reby grant	, ("Participant-Child")
(Parent/Guardian First and Last Name) (Participants (Child) First and Last Name)		
or serious and may result from one's action	ctivities and electronic communications, or the actions or inactions of otle ipant to participate in the Program in	ons. These types of injuries may be minor hers, or a combination of both. I nvolves the assumption of risks reasonably
I acknowledge that the Program is being communications, including, without limited interact with other participants in the Program will be staff and others involved in the administration management and development.	tion, interactive video conferences the gram and others who administer or r e recorded and made available to of	hrough which the Participant may manage the Program. I understand that the program and by
Although Ryerson University will use reas and received via electronic communication not guaranteed, particularly where unencontherwise capturing information exchange of other participants in the program by the	ons, I understand that the security ar rypted software or technology is use ed via electronic communications, in	nd confidentiality of such information is ed. I understand that recording or icluding the photos, videos, or the audio

I acknowledge that if I require more information regarding the activities and/or risks associated with the Program, it is my responsibility to contact **Ana Tejada at anatejada@ryerson.ca**.

I recognize and accept that I remain responsible for supervising the Participant at all times during the Program. I will be present, available, and responsive to supervise the child, assist them with their activity and technology needs, and intervene with the Participant or their device if contacted by those administering the Program.

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

I agree that Ryerson University, its officers, governors, employees, volunteers, and representatives (the "Releasees") are not liable for any injury or death to Participant or for loss or damage to any personal property in any way resulting from Participant's participation in the Program. I HEREBY WAIVE ANY AND ALL CLAIMS that I and the Participant have or may have in the future against any of the Releasees arising out of Participant's participation in the Program.

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IMAGE RELEASE

I hereby grant permission to Ryerson University and its representatives to photograph and video the Participant, and otherwise capture the Participant's image, and to make recordings of the Participant's voice. I further grant to Ryerson University and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining Ryerson University and its activities and for administrative, educational or research purposes. Photographs, video images and voice recordings are the property of Ryerson University.

PARENT/GUARDIAN SIGNATURE

By signing or typing or your name below, you confirm that you are the legal parent or guardian of the Participant and agree to the terms and conditions set out in this Informed Consent and Assumption of Risk form.

Date: Parent/ Guardian Initials:

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Protecting Your Privacy: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act (1990), personal information including images and recordings in connection with this form is collected under the authority of the Ryerson University Act (1977) and will be used for promoting, publicizing or explaining Ryerson University and its activities and for administrative, educational or research purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information by Ryerson University as referenced on this form, please contact: **Ana Tejada at anatejada@ryerson.ca**