TAKE OUR KIDS TO WORK DAY

PARTICIPATION REQUEST, WAIVER, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

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.**

(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:		

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

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

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,

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