



RISK SERVICES  
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## TAKE OUR KIDS TO WORK DAY

### FOIP NOTIFICATION

The personal information that you provide to Lethbridge College is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act – Section 33(c). The information will be used for the purpose of managing emergencies and/or health and safety concerns during Take our Kids to Work Day 2018. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and can be reviewed upon request subject to the provisions under the Act. Questions regarding the collection of personal information can be directed to Risk Services at (403) 320-3361, [risk.management@lethbridgecollege.ca](mailto:risk.management@lethbridgecollege.ca).

### INSTRUCTIONS FOR COMPLETING THIS FORM

This request must be submitted by the Employee (who must also be a parent or guardian of the child) to their supervisor or Dean, Director, or Department Head 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 CLEARLY

### EMPLOYEE INFORMATION

EMPLOYEE'S NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

EMPLOYEE PHONE NUMBER WHILE CHILD WILL BE ON CAMPUS: \_\_\_\_\_

### CHILD'S INFORMATION

CHILD'S NAME: \_\_\_\_\_ CHILD'S AGE: \_\_\_\_\_

DATE CHILD WILL BE ON CAMPUS: \_\_\_\_\_ DD MM YYYY

TIME(S) CHILD WILL BE ON CAMPUS: \_\_\_\_\_ ☐ AM ☐ PM TO \_\_\_\_\_ ☐ AM ☐ PM

### TO BE COMPLETED BY EMPLOYEE AND EMPLOYEE'S SUPERVISOR

AREAS/LOCATIONS THE CHILD WILL BE ENTERING:

HAZARDS AND POTENTIAL RISKS IDENTIFIED IN THE ABOVE MENTIONED AREAS:

SCOPE OF ANY ACTIVITIES THAT THE CHILD WILL BE ENGAGED IN:

## EMPLOYEE (PARENT/GUARDIAN) SECTION

As part of the Take Our Kids to Work Day Program, the Lethbridge College (the college) is providing an opportunity for grade 9 students to attend the college for this one day program.

Lethbridge College as a workplace and learning centre is typically unfamiliar to high school students. Therefore, in consideration of the college allowing my child to participate in the Program, including but not limited to any associated activities, travel, transportation (collectively the Program), I hereby consent:

1. That I would like my child to participate in the Program offered by the college
2. That it is my **responsibility** that my child complies with all the college policies including Confidentiality and Safety. I have explained to my child that the college has a legal and ethical responsibility to safeguard the privacy of all students/faculty/staff and protect the confidentiality of their personal information. I/we agree to abide by the college policies and procedures concerning confidentiality and release of information.
3. That participation in the Program has many inherent risks and I/we **freely accept and fully assume all such risks, dangers, and hazards** including the possibility of personal injury, death, property damage or loss resulting there from. I/we further consent that the college is not providing transportation for the student coming to and from campus facilities at the beginning and end of the day; but in accordance with the college insurance procedures the college will provide transportation for the student to and from any and all off campus activities during the day of the Program.
4. To **waive any and all claims**, demands, actions, causes of action and costs made against the college that I/we have or may have in the future against The Board of Governors of Lethbridge College, its directors, officers, employees, students, agents and representatives (all of whom are hereinafter collectively referred to as "the college") as they relate to my child's participation in the Program.
5. To **hold harmless and indemnify** the college from any and all liability for any loss, damage, injury or expense that I/we may suffer, or that my next of kin may suffer as a result of my child participating in the Program due to any cause whatsoever.
6. To authorize permission for my child to be photographed, interviewed, or videotaped while taking part in the Program.

I \_\_\_\_\_

CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS CONSENT FORM AND I AM AWARE THAT BY VOLUNTARILY SIGNING THIS CONSENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

EMPLOYEE/PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE

DD

MM

YYYY

CHILD'S SIGNATURE \_\_\_\_\_

DATE :

DD

MM

YYYY

WITNESS NAME (PLEASE PRINT): \_\_\_\_\_

WITNESS PHONE: \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

DATE

DD

MM

YYYY

## SUPERVISOR SECTION

SUPERVISOR NAME: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

## DEAN / DEPARTMENT HEAD / DIRECTOR SECTION

DEPARTMENT HEAD /DEAN/ DIRECTOR NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_