



INFORMED CONSENT & ACKNOWLEDGEMENT OF RISK
PARENT/GUARDIAN ACKNOWLEDGMENT AND ASSUMPTION OF RISK

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU ACKNOWLEDGE THAT YOU ASSUME THE RISKS ASSOCIATED WITH THE EVENTS AND ACTIVITIES DESCRIBED HEREIN. PLEASE READ CAREFULLY BEFORE SIGNING.

PARTICIPANT INFORMATION (hereinafter, the “Participant”)	
Date:	
First Name:	
Last Name:	
Address:	
Phone #:	
Emergency Contact:	
Emergency Contact Phone #:	

ACTIVITIES (Internal Purposes Only) KPU MUST COMPLETE THIS SECTION IN FULL	
Purpose & Scope of Visit:	Business Youth Summer Camps: Participants attending Business Youth Summer Camps will explore various aspects of small business and what is involved in creating a business. Use of tools and equipment may include computers, laptops and computer software.
Location:	Surrey Campus – 12666 72 Ave, Surrey, B.C. V3W 2M8
Date:	July 27 – 31, 2026

INFORMED CONSENT & ACKNOWLEDGEMENT OF RISK

IN CONSIDERATION of Kwantlen Polytechnic University (“**KPU**”) allowing the Participant to attend the Activities described above including the use of any KPU equipment and/or facilities (the “**Activities**”), I HEREBY AGREE as follows:

1. **ASSUMPTION OF RISK.** I understand, appreciate, and acknowledge there is a risk of injury from participating in the Activities and I freely and fully agree to assume and accept all of the risks, dangers and hazards relating to the Participant’s participation in the Activities, including, but not limited to:
 - A) Falling risks from stairs or any other elevated, raised, steep, slippery or uneven areas;
 - B) Bodily-injury risks such as fracturing or breaking limbs or other external or internal bodily injuries related to participating in the Activities;
 - C) Any manner of harm (including without limitation, physical, psychological, emotional, financial, economic, reputational, social, data and information, environmental), injury, illness, death;
 - D) Allergic reactions, fatigue, or aggravation of pre-existing medical conditions;
 - E) Ergonomic injury arising from prolonged sitting, or repetitive computer use;
 - F) Eye strain, headaches, or visual discomfort resulting from prolonged screen use;
 - G) Including the contraction of a Communicable Disease as a result of my child’s participation in the Activities. Communicable Diseases include, but are not limited to, any disease that can be transmitted from one person to another including viruses, bacteria, parasites or other organisms; OR
 - H) Damage or loss to my personal property and/or my child’s personal property.
2. **GENERAL EXPECTATIONS.** Participants are expected to behave in a respectful manner toward other participants, KPU staff, instructors, and instructors from any external partner organizations involved in the Activities. For safety reasons, Participants are expected and required to follow the directions of all instructors at all times, to remain within close proximity of their instructors during the Activities, and not leave without the knowledge and consent of instructors. If a participant does not comply with these expectations, instructors will address the issue with the participant and, where appropriate, with the participant’s parent or guardian. In the event of repeated or serious non-compliance, KPU may require the participant to withdraw from the Activities without reimbursement of any fees paid.

I ACKNOWLEDGE that I have read and understood this Informed Consent & Acknowledgement of Risk (“**Agreement**”); that I appreciate and accept the risks associated with the Activities; that I have reviewed and discussed the general expectations outlined above with my child, the Participant; and that I have executed this Agreement voluntarily. I further confirm that I have had the opportunity to seek independent legal advice regarding the contents of this Agreement.

Permission/Acknowledgment of Parent or Guardian. As parent/guardian of the Participant, with full legal care, custody, and control of the Participant, I have read and understood, and I approve of and agree to all aspects of this Agreement as confirmed by my signature below. I confirm that my child, the Participant, has my permission to participate in the Activities as more particularly set forth above and I acknowledge and accept the risks associated with said Activities. **Further, as the Parent or Guardian, I agree to be bound by the terms of the Agreement.**

PRINT NAME OF PARENT/GUARDIAN

PRINT NAME (WITNESS)

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF WITNESS

DATE

Personal Information. Personal information collected in connection with the Activities, including the information contained in this form, is collected for the purpose of KPU administering and providing the Activities. Such personal information is collected under the authority of Section 26 of the British Columbia’s *Freedom of Information and Protection of Privacy Act*. For any questions about the collection of personal information, please contact CPS.Summercamps@kpu.ca