KIDS TO WORK PROGRAM

The University of British Columbia (UBC) is participating in the annual "Take Our Kids to Work" program (Program) this year on **Wednesday**, **November 6**, **2024**. UBC is dedicated to championing a strong public education system through innovative programs, credible research, policy initiatives, leadership training and public engagement.

Personal information contained on this form is collected and maintained in accordance with the terms of the *Freedom* of *Information and Protection of Privacy Act* (British Columbia) and will only be used for purposes related to the operation of the Program. If you have any questions about the collection and use of this information or additional questions about safety, please contact Caroline MacLeod of UBC Facilities by e-mail at caroline.macleod@ubc.ca, by phone at 604 822-5301 or by mail at 2329 West Mall Vancouver BC V6T 1Z4.

To the Parent/Guardian: We wish to have a safe and educational workplace visit. Health and safety education is an important element of this Program. Review this form with your child and if you agree to the terms, please fill in the

required information and sign below. Student's name: ____ Teacher's name:____ ☐ My child has my permission to participate in this Program. My child may be photographed, interviewed or videotaped through his/her involvement with the Program. ☐ My department is aware that I am bringing my child to work on Wednesday, November 6, 2024 between the hours of 7:30 am and 3:30 pm. ☐ My child and I have reviewed the information about the UBC Ropes Course, which is operated by a third party, and located at http://www.palropescourse.com/ and the UBC Ropes Course specific waiver of liability forms located at http://www.palropescourse.com/forms/; and have agreed on the appropriate clothing and safety attire for the participation in the Program (e.g. no sandals or flip flops). Parent's Name: Parent's Telephone: Parent's Workplace Name: Address: OR

to their workplace on Wednesday, November 6, 2024 between the hours of 7:30 am and 3:30 pm.

☐ community host

My child will accompany a: (check one)

☐ friend

☐ relative

Relative/Friend/Host Name:
Relative/Friend/Host Telephone:
☐ A colleague at my workplace would be willing to host another student in need of a placement.
Colleague's Name:
Colleague's Telephone:
Elements of Risk
All experiential learning programs, such as cooperative education, job shadowing and Kids to Work participation, involve certain elements of risk. During the Program, your child will take a tour of the different area of the University (including, Building Operations trade shop as guided by the trade managers), Bioenergy Demonstration and Research Facility, UBC museums and participate on the UBC Ropes Course operated by third party, which will require you to fill and sign a separate participation and waiver form. For additional risks related specifically to the UBC Ropes Course please review to the following link: http://www.palropescourse.com/ . Your child will not be working directly with any industrial machinery or equipment; however, injuries may occur while participating in this Program without any fault of the student, the school board, or UBC. By allowing your child to take part in this Program, you are accepting the risk that your child may be injured and agreeing that UBC is not responsible for any loss, injury, or damage, including property loss or damage which your child may suffer as a result of his/her participation in the Program.
☐ I have reviewed the Elements of Risk section above with my child and I understand and agree to accept the risks associated with my child participating in the Program.
Parent/Guardian Signature:
Date:
Student Signature:
Date:
To be filled out and comed by the neverties and student they returned to Careline Meel and via the contest.

To be filled out and signed by the parent or guardian and student, then returned to Caroline MacLeod via the contact information set forth above.