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CHANGING CAMPUSES, CHANGING CANADA

2018 NCLN Symposium Waiver Form

2018 Symposium: *Gripping Reality*
National Campus Life Network

August 16-19, 2018
Best Western Plus Langley
5978 Glover Rd, Langley, BC

Thank you for your interest in joining us at the 2018 Symposium!

To complete your registration:

1. Fill out this Waiver form in full.
2. Scan and email a copy of your completed form to: info@ncln.ca.
3. Complete the online registration form: www.ncln.ca/symposium.
4. Have your chaperone complete the online registration form (if applicable - see note below).
5. Bring a physical copy of the completed Waiver form to the Symposium.

We look forward to welcoming you! If you, your parents or guardians have any further questions or concerns, you can reach our team by phone or email: [1.877.618.4275](tel:1.877.618.4275) or info@ncln.ca

Please Note:

Parents are encouraged to attend the Symposium as chaperones of the Registrant. If this is not possible, another trusted adult over the age of 18 would be suitable. In lieu of parents or another trusted adult accompanying their Minor as a chaperone, there will be a designated volunteer chaperone on site.

Chaperones must also register for the Symposium, separately from the Registrant:
www.ncln.ca/symposium

If the registrant will be travelling unsupervised, there are specific transit company requirements for those not accompanied by a chaperone. Please contact us for more information to satisfy these requirements.

The following is to be completed by the registrant's parent or guardian.

Minor Information

Full Name: _____ Birth Date (after 2000.08.15): _____

Sex: _____ School: _____ Grade: _____

Home Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Information

Full Name: _____ Relationship: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

[] I will be attending the 2018 Symposium as a Chaperone of the above named Minor.

[] I authorize (name) _____ to attend the 2018 Symposium as a Chaperone for my child. Their information is as follows:

Relation to Minor: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

Consent and Waiver of Liability

I, the undersigned, do hereby give permission for my child _____ to attend and participate in the National Campus Life Network 2018 Symposium, held August 16-19, 2018, at Best Western Plus Langley, 5978 Glover Rd in Langley, British Columbia, Canada.

LIABILITY RELEASE: In consideration of National Campus Life Network allowing the Participant to participate in all activities related to the Symposium, I, the undersigned, do hereby release, forever discharge and agree to hold harmless National Campus Life Network from any and all

liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the conference activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in all 2018 Symposium activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify National Campus Life Network for any liability sustained as the result of the negligent, wilful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorise an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anaesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any duly licensed physician or dentist on the medical staff of a hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorisation.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in Symposium 2018.

PHOTOGRAPHY AND VIDEOGRAPHY: The undersigned grant permission to National Campus Life Network to use my/my child's likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications and social media, without payment or other consideration. I authorize National Campus Life Network to edit photos and videos, waiving any right to inspect or approve the finished product. I understand that National Campus Life Network will not sell any 2018 Symposium photography or videography to third-party organizations as per organizational policy.

Name of Parent/Guardian

x _____
Signature of Parent/Guardian

Date

Medical Information

Please ensure that your child brings their provincial health care card to the Symposium.

Primary Care Physician

Name: _____ Name of practice: _____

Phone(s): _____ Address: _____

MEDICATION INSTRUCTIONS FOR DOSAGE DISPENCING: Please write N/A if not applicable.
Eg. Zyrtec 5mg Seasonal allergies Take one pill daily in the morning with food

OVER THE COUNTER MEDICATION PERMISSION: Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (ie. Tylenol, Advil, antacids, Benadryl) while at the Symposium? (Circle one)

No. Contact me if my child has any minor medical concerns.

x _____
Parent/Guardian Signature

Yes. I give permission for my child to be given approved over-the-counter medications as directed on an as-needed basis to treat non-emergency medical conditions.

x _____
Parent/Guardian Signature

MEDICAL CONDITIONS:
Please write N/A if not applicable. Attach additional pages if necessary.

List any medical conditions your child has (asthma, diabetes, epilepsy, etc.):

List any allergies (drug, medicine, food, environmental), including the severity and type of reaction:

Please share any other pertinent information about your child (ie. behavioral or emotional) that would be important for our team to know.