Informed Consent, Release and Indemnity
Athletes (under 18 years old)

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, PLEASE READ CAREFULLY.

IN CONSIDERATION of the University of Manitoba (the “University”) allowing __________________________ [full name of athlete] (the “Athlete”) to travel to various locations [location of event] as a member of a University Junior Bison Team for the purposes of competition and/or training, as well as additional activities offered, including transport to and from the Event (the “Competition”), I, as parent or legal guardian of the Athlete, hereby agree as follows:

1. I hereby consent to the Athlete participating in the Event during the period from March 15, 2014 [date leaving] to June 15, 2014 [date returning] notwithstanding the potential risks set out below.

2. I acknowledge and agree that there are potential risks associated with the Competition, including physical injury, sickness or death, or damage to property as a result of my participation in the Competition. Associated risks include but not limited to the following activities:
   - Air travel by commercial airlines;
   - Travel by multi-passenger vehicle (i.e. van, bus);
   - Bodily injury and personal safety risks;
   - Water-related risks such as drowning;
   - Miscellaneous risks that would result from the Event which might not be foreseeable;
   - Food-related risks such as reactions, illnesses or infections arising from the consumption of food and water, choking and allergic reactions to food ingredients;

3. I acknowledge and agree that I am familiar with, and understand the Code of Conduct governing travel and Event with the Junior Bison Swim Team and I shall ensure that the Athlete understands the Code of Conduct and agrees to follow the Code of Conduct.

4. I, on my own behalf and on behalf of my heirs, executors, administrators and assigns RELEASE the University, its respective servants, agents or employees (collectively referred to as the “University”) from any liabilities, claims or actions of any nature whatsoever arising from or related to any and all personal injury (including death), loss or damages to property howsoever arising, including personal injury, death, loss or damages to property resulting from the negligence of the University while the Athlete is attending at, participating in or travelling to or from the Competition. Such negligence of the University may include, without limitation, failure to implement adequate safety procedures or to provide adequate safety equipment.

5. I FURTHER AGREE TO INDEMNIFY the University, its servants, agents or employees from any damages which may result or any and all claims or demands which may be made against the University howsoever arising out of or in consequence of the Athlete’s attendance at, participation in or travel to and from the Competition.

6. I give permission for care of minor injuries of the Athlete, and medical attention to the Athlete, if emergency contact or parent(s)/legal guardian cannot be contacted. I authorize over-the-counter medication (i.e. Tylenol) to be given to the Athlete if it is determined by the team manager, coach or chaperone as appropriate.
7. In the event that the Emergency Contacts are not immediately available, I authorize the team manage, team coach or chaperone to make healthcare decisions on the Athlete’s behalf.

8. I further state that I am of lawful age and legally competent to sign this release, and that I am the parent or legal guardian of the Athlete.

In signing this Informed Consent, Release and Indemnity, I am not relying upon any oral or written representations or statements made by the University other than what is set forth in this Informed Consent, Release and Indemnity.

I HAVE READ AND UNDERSTOOD THIS INFORMED CONSENT, RELEASE AND INDEMNITY I AM AWARE THAT BY SIGNING THIS INFORMED CONSENT, RELEASE AND INDEMNITY I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE UNIVERSITY.

_________________________________________  ___________________________________________
Signature (parent or legal guardian)         Signature (parent or legal guardian)

_________________________________________  ___________________________________________
Print Name                                  Print Name

_________________________________________  ___________________________________________
Date                                       Date
MEDICAL INFORMATION AND INSTRUCTIONS

Athlete’s name: ____________________________________________

1. I give permission for care of minor injuries of the Athlete, and medical attention to the Athlete, if emergency contact or parent(s)/legal guardian cannot be contacted. I authorize over-the-counter medication (i.e. Tylenol) to be given to the Athlete if it is determined by the coach/chaperone as appropriate.

2. In case of emergency the University should contact:

<table>
<thead>
<tr>
<th>Contact person:</th>
<th>Telephone:</th>
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<tbody>
<tr>
<td>Email:</td>
<td>Other (cell phone):</td>
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<tr>
<td>Relationship to the participant:</td>
<td></td>
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<tr>
<td>Alternate contact person:</td>
<td>Telephone:</td>
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<tr>
<td>Appropriate health card/medical number(s):</td>
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<tr>
<td>Family Doctor: (name, phone number):</td>
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3. I acknowledge and agree that the University will not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the Athlete and agree that we must ensure that the Athlete has appropriate medical insurance.

| Medical insurance information: |
| Company: | Policy number: |

4. **Allergies** (medication, food, environmental):

<table>
<thead>
<tr>
<th>Allergy:</th>
<th>Reaction:</th>
<th>Treatment, if exposed:</th>
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**NOTE:** If the Athlete has allergies please discuss with the team manager and/or coach prior to departure.
5. **Medications and Medical Conditions**: Please list any medicines the Athlete is taking on a daily, regular, or as needed basis, and indicate how often and why each medicine is taken:

**Medical condition(s):**

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>How Often Taken</th>
<th>For What Condition</th>
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**NOTE:** Athletes must bring an adequate supply of medications that are required on a daily or routine basis when travelling. If the Athlete has a medical condition which may be relevant to his/her participation in the Competition, please discuss it with the team manager/coach prior to departure.

6. **Healthcare Directive**: For the duration of the Competition, including travel, in the event that the Emergency Contacts are not immediately available, I authorize the team manager, head coach or chaperone to make healthcare decisions on behalf of the Athlete.

Signature (parent or legal guardian)  
Signature (parent or legal guardian)

Print Name  
Print Name

Date  
Date

**FIPPA/PHIA Statement:** This personal information is being collected under the authority of *The University of Manitoba Act*. Where you have provided personal information about a third party, your signature shall be deemed to include a representation on your part that you have the consent of the third party to provide his/her personal information to the University of Manitoba. The personal information will be used for the purposes of responding to emergencies during the Competition. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (“FIPPA”) and or *The Personal Health Information Act* (“PHIA”). Your personal information is protected by the protection of privacy provisions of FIPPA and PHIA. If you have any questions about the collection of your personal information, contact the Access and Privacy Office (tel. 204-474-8339), the University of Manitoba, 233 Elizabeth Dafoe Library, Winnipeg, Manitoba, Canada, R3T 2N2.