



**STUDENT PARTICIPATION CONSENT, LIABILITY WAIVER & PHOTOGRAPHY WAIVER FORM 2026-27 Season**

(please complete a separate form for each student)

Full Name of

Student: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**LIABILITY WAIVER**

I hereby consent to the participation of the above-named student in all regular activities of the Team programs. I am aware that this may include:

- Working under the guidance of volunteer Mentors using machine tools to fabricate robot parts and to assemble robots and other training devices and acknowledge the risk of injury as a result.
- Possible exposure to, and illness from, various contagious infectious diseases, including COVID-19, or measles and acknowledge the risk of serious illness and/or death as a result.
- Travel to *FIRST* competitions or other locations and providing mentoring and assistance for junior robot programs, as well as participation in promotional and fundraising activities.

I am also aware that adult volunteer Mentors will oversee all aspects of The Teams' programs or activities and will make all reasonable efforts to provide for the safety and health of all Team members while participating in Team programs or activities but acknowledge that these efforts will not eliminate exposure to the foregoing risks or possibility of injury and/or death, as outlined above.

For both myself, my spouse (if any) and the participant, I voluntarily agree to assume all the foregoing risks of illness and/or death outlined above that the participant may experience or incur while attending Team programs or activities.

For both myself, my spouse (if any) and the participant, I also agree to hold harmless and indemnify The Teams, its officers, directors, employees, volunteers and/or mentors from any and all liability for any claims for any injuries or harm suffered by the above-named participant while participating in any Team programs or activities, regardless of cause.

**Signed – Student**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Signed – Parent or Guardian (if student is under 18 years of age)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to

student: \_\_\_\_\_ Date: \_\_\_\_\_



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**PERMISSION FOR EMERGENCY TREATMENT & TRANSPORT**

In the event of illness and/or injury, I hereby grant to the adult volunteer Mentors of The Teams permission to transport the above-named participant, for emergency treatment/hospitalization, to a hospital or other medical facility.

I understand that should a health emergency arise, such attempts as are reasonable in the circumstances will be made to contact me, but if I cannot be reached on a timely basis, all medical treatment, as deemed necessary by qualified medical personnel, is hereby authorized by me

**Signed – Student**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Signed – Parent or Guardian** (if student is under 18 years of age)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**PHOTOGRAPHY WAIVER**

I also acknowledge that allowing parents, family members, guardians and/or friends to take photographs or video recordings of the members of The Team as a way of recording activities and events is a normal practice during Team programs or activities.

I also acknowledge that The Team may take group or individual photos to post on the Team's website or other teams or FIRST publications, or to advertise Team activities.

I hereby consent and agree to the taking and use of such photos for such purposes.

**Signed – Student**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Signed – Parent or Guardian** (if student is under 18 years of age)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



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**POLICIES AND PROCEDURES**

The student must comply with the following team Policies and Procedures:

1. All eligible persons participating in in-person meetings should be fully vaccinated against COVID-19, measles or any other contagious infectious disease. If you are a conscientious objector to vaccines, you assume all risks associated with that objection while participating in any or all team events.
2. A participant who develops symptoms of COVID-19, measles or any other contagious infectious disease must not attend in-person meetings until they receive a negative test result, or they are cleared by public health, or they are diagnosed with another lesser illness.
3. A mentor must be informed if a participant tests positive for any contagious infectious disease.
4. Only one person is permitted in a washroom at one time.
5. Participants must wash their hands regularly.
6. Participants must follow all other safety rules as taught and published.
7. Participants at in-person meetings must complete the attendance sheet as instructed.
8. Guidelines provided by Peel Region Public Health may change. The Team will do its best to keep participants informed.

I have read and understand the policies and procedures above.

**Signed – Student**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Signed – Parent or Guardian (if student is under 18 years of age)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_