

PARENTAL PERMISSION FORM

This form MUST be signed by a parent or legal guardian of any child participating in specially organized youth programs at the University of Toronto. Please return this completed and signed form at the time of registration in order for your child to participate.

I hereby grant permission for my child(ren) to fully participate in the Bring Our Children to Work Day event on Thursday, May 2, 2024 organized by the University of Toronto Scarborough. I understand that the University and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to their property during the course of any activity which is part of the above program, including traveling to and from the University campus. I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity and I agree to indemnify and save harmless THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child(ren) as a result of their participation in this program UNLESS such injury, loss, damage or harm is caused by the SOLE NEGLIGENCE of the University or its representatives while acting within the scope of their duties. I hereby authorize any necessary medical treatment for my child(ren) by qualified medical practitioners in the event of illness or injury sustained in my absence while they are participating in the program. I declare that I have disclosed any special dietary, allergy, care or health issues concerning my child(ren) to the University.				
			I declare having read and understood the abchild(ren) participating on the basis describe	
			(Signature of parent or guardian)	(Printed name of parent or guardian)
			(Date)	

Human Resources Services, 1265 Military Trail, Toronto, ON M1C 1A4 Canada Tel: +1 416-287-7073 | Fax: +1 416-287-7078 | www.utsc.utoronto.ca



PHOTOGRAPHY WAIVER/ MEDIA RELEASE FORM

PLEASE READ CAREFULLY		
I,(Name, or name of Parent/Guardian if individual is under the age	, hereby grant to the University of Toronto Scarborough	
(the "University") the right to record, film, photograph, audio record, or video record my child(ren)'s image, work, and/or performance (hereinafter collectively referred to as "Works") on May 2, 2024, and to display,		
-	f publishing, posting on the University website, social media ne University for promoting, publicizing, or explaining the	
This grant includes, without limitation, the right to publish such images in University related publications, and promotional materials such as marketing admissions publications, advertisements, fundraising materials, and social media channels. Images from this event will be used in a variety of communication materials highlighting U of T as a family-friendly employer, including social media content, websites, and University publications.		
I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works. I understand that the Works may appear in electronic form on the internet or in other publications outside of the University's control. I agree that I will not hold the University responsible for any harm that may arise from such unauthorized reproduction.		
Name of Parent/ Guardian (printed)	Name of Child(ren)	
On behalf of the child(ren) named above I acknowledge that I have read and understood this agreement.		
Parent/ Guardian Signature	Date of Agreement	
Department Responsible for Media Collection: Human Resource Services, UTSC		