Carleton UNIVERSITY | Faculty of Engineering and Design

CARLETON ENGINEERING MENTORSHIP PROGRAM

Permission Form

PARTICIPANTS UNDER 18 MUST HAVE PARENTAL CONSENT

NAME OF PARTICIPANT: _____ **(Please print)**

ADDRESS OF PARTICIPANT: _____

TELEPHONE NUMBER: (___)_____ BIRTH DATE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ TELEPHONE NO.: (___)_____

The Faculty of Engineering Carleton Engineering Mentorship Program (CEMP) entails visiting the university campus for a day of activities, eating a meal provided by the university, attending lectures and participating in related engineering activities as determined by the CEMP organizers.

To participate in CEMP and related activities, the Participant (or Parent or Guardian) acknowledges and agrees as follows:

Medical Conditions

1. I agree to advise the organizers of any existing medical conditions or injury prior to the start of the program, so that this information can be shared with first responders in the case of a medical emergency

Initials _____

Code of Conduct

1. I agree not to bring or consume any alcohol or illegal substances for the duration of this event
2. I will behave responsibly and appropriately and adhere to any rules of conduct laid down by the organizers of this visit

Initials _____

_____ _____

Signature of Participant Date

I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES.

_____ _____

Signature of Parent or Guardian* Date

*Required if participant is under 18 years of age