

Parental Consent

Event: Badge Day

Date: November 25, 2023

Location: Carleton University, 1125 Colonel By Drive

First and Last name of participant:

Participation Consent

I understand that Virtual Ventures, Carleton University, and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that Virtual Ventures, Carleton University, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from the event. 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 Virtual Ventures, Carleton University, 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 Virtual Ventures, Carleton University, or its representatives while acting within the scope of their duties. I hereby grant permission for my child to fully participate in the event at the location described above. I declare having read and understood the above and hereby consent to my child participating on the basis described.

Photo / Video Consent

I agree to allow Virtual Ventures of Carleton University and Actua, the National organization to which Virtual Ventures is a member, to photograph, audio record, video record, podcast and/or webcast my Child (digitally or otherwise) without charge; and to allow Virtual Ventures, Carleton University and Actua to copy, modify and distribute in print and online, those images that include my child in whatever appropriate way either of Virtual Ventures, Carleton University and/or Actua sees fit without having to seek further approval. No names will be used in association with any images or recordings.

I agree I do not agree

Signature: _____ Date: _____