**UNIVERSITY OF ONTARIO INSTITUTE OF TECHNOLOGY**

**VOLUNTEER PARTICIPATION**

**INFORMED CONSENT and RISK ACKNOWLEDGEMENT**

*(The information provided herein shall be complete, accurate and apply to the Volunteer Activity in which the Volunteer is participating)*

**PARTICIPANT INFORMATION**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as, “Participant”, “I”, “Me”, or “My”).

Volunteer Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERSTANDING OF RISK**

This document is used to describe certain inherent risks, dangers and/or hazards that could be reasonably anticipated during my participation in the Volunteer Activity, as described in the Letter of Engagement, for the above noted volunteer position. This information is being shared with me so that I can make an informed decision whether to continue with the Volunteer Activity. I AM AWARE THAT MY PARTICIPATION IN THE VOLUNTEER ACTIVITY INVOLVES RISKS, DANGERS, AND HAZARDS, WHICH INCLUDE, BUT ARE NOT LIMITED TO:

* **TRANSPORTATION:** Accidents and injuries resulting from travelling or commuting in motor vehicles such as cars, vans, motorcycle or bus;
* **WEATHER**: Injury or illness resulting from exposure to heat, sunlight, humidity, wind, inclement weather, floods, and natural disasters;
* **ENVIRONMENTAL CONDITIONS**: Injury or illness resulting from exposure to uneven terrain, animal and plant life, allergens, and pollution;
* **FACILITIES/EQUIPMENT**: Injury resulting from use, misuse or non-use of facilities, equipment, protective personal equipment, whether or not in accordance with instructions; and
* **ACTIVITIES**: any injury or illness resulting from the activities that are known, or ought to have been reasonably known, to occur during my participation as a Volunteer (e.g.; walking, sports, dance, cooking, building, computer use).

Based on the risks identified above, I hereby acknowledge and agree to the following:

[ ]  **Transportation:** I understand that the University Of Ontario Institute Of Technology (“Ontario Tech”) is not responsible for the insurance of any personal vehicles and/or vehicles leased/rented or temporarily used while travelling to and from the Volunteer Activity.

[ ]  **Weather:** I understand that my attire is my responsibility and that I will wear attire that is safe and appropriate for the Volunteer Activity and the contemplated activities. For further clarity, I will take into consideration any weather conditions which may put me at risk of any injury or illness due to exposure from heat, sunlight, humidity, wind, or inclement weather.

[ ]  **Environmental Conditions**: I agree to maintain an acute awareness of my surroundings during my participation in the Volunteer Activity in order to prevent possible injury to myself and/or others caused by distraction or failure to recognize potential hazards.

[ ]  **Facilities and Equipment:** I agree to follow the direction of my supervisor and/or or any third party (“Program Partner”) involved in the delivery of goods or services related to my participation as a Volunteer as it relates to the proper use of the facilities, and equipment to ensure the safety and wellbeing of myself and others. I understand that the use or non-use of facilities, equipment, or protective personal equipment, contrary to the instruction provided, may result in damage to property or injury to myself, and/or others. For further clarity, I agree to follow the appropriate safety rules and/or regulations that may apply to my participation as a Volunteer.

[ ]  **Activities:** I confirm that I am in good health and in proper physical condition to safely participate as a Volunteer. I understand that it is my responsibility to continuously monitor my own physical and mental condition during my participation as a Volunteer, and I agree to withdraw immediately from the activities of the Volunteer Position and inform my Supervisor of any changes in health or ability if at any point my continued participation would create a risk of injury to myself and/or to others.

In order to safeguard my physical health and safety, and to protect the good name and reputation of Ontario Tech while participating as a Volunteer:

[ ]  I agree to carry a copy of my emergency contact with me and/or ensure I have my provincial health plan/university health insurance plan card on my person in the case of an emergency.

[ ]  I agree to inform my Supervisor of any known allergies to food or the environment and to communicate any required accommodations to ensure my safe participation as a Volunteer.

[ ]  I agree to carry on my person at all times during the Volunteer Activity any medication(s) (such as insulin, epi-pen, inhaler, etc.) that I may need to use during the Volunteer Activity.

[ ]  I understand that, during my participation as a Volunteer, I am responsible for my own health, medical, dental, and property insurance.

[ ]  I agree to observe and adhere to all public laws and ordinances, including traffic laws as well as the usages and customs of good citizenship, decorum, and courtesy.

[ ]  I agree to observe and adhere to all rules of Ontario Tech that apply to visitors and/or the general public and/or to participation as a Volunteer.

[ ]  I understand that Ontario Tech will not reimburse me for my expenses incurred as a result of my participation in Volunteer Activities. Such expenses may include but are not limited to: parking, transportation, mileage, and/or food services.

I HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS FOR CLARIFICATION. MY SIGNATURE BELOW INDICATES MY ACKNOWLEDGEMENT AND ASSUMPTION OF THE RISKS ASSOCIATED WITH MY PARTICIPATION IN THE VOLUNTEER ACTVITY AT ONTARIO TECH.

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Participant Signature Date

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Parent/Guardian Signature (if Participant is under age 18) Date

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Witness Signature Date

**PHOTO/VIDEO ACKNOWLEDGEMENT AND AUTHORIZATION**

By selecting the first box below, I hereby grant to Ontario Tech (including its employees, contractors and Program Partners) the permission:

1. to photograph, audio record, video record, podcast and/or webcast me, digitally or otherwise, without charge;
2. to use my name, and any photographs or recordings of my image, voice or likeness (the “Image”); and
3. to use, copy, modify, distribute, publish and reproduce my Image, in whole or in part, in all forms and in any medium, whether now known or hereafter devised, including but not limited to advertisements, articles, publications, posters, pamphlets, websites, podcasts, videos, and social media platforms for promotional, marketing and communication purposes (the “Permitted Purpose”) without prior notice or further approval.

I acknowledge and agree that I will not be entitled to receive any compensation, fees or royalties of any kind relating to the use of my Image.

I acknowledge and agree that participation is strictly voluntary, and that the consent given in this section may be revoked at any time upon written notice to Ontario Tech. I understand revocation of consent will be effective as of the date of receipt and will not be applied retroactively.

**🗆 I DO grant permission for the use of my Image and agree to the terms above**

**🗆 I DO NOT grant permission for the use of my Image**

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Participant Signature Date

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Parent/Guardian Signature (if Participant is under age 18) Date

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Witness Signature Date