



**THE VERNA J. KIRKNESS
EDUCATION FOUNDATION**

Virtual Program Parental Consent Form

I _____ understand that _____ has applied to participate in the Verna J. Kirkness Science Education Virtual Program (hereinafter called the “Virtual Program”) which will take place over video conference on either Zoom, Google Meet, Microsoft Teams, WebEx or another video conferencing platform.

I understand that participation in the Virtual Program will involve: 1) the applicant meeting with their assignment university mentor and other students over live video call; 2) as part of participation on the Virtual Program, the application will work with their university mentor to complete some simple research projects.

I understand that there are certain expectations regarding the applicant’s conduct during their involvement in the Virtual Program, which will be explained to the applicant. These expectations include:

- The applicant following the instructions given to them by the mentor.
- The applicant following all safety protocols in place during the program.
- The applicant conducting him/herself in a respectful and mature manner at all times.
- Violation of any of the above rules may result in the application being removed from the Virtual Program.

I understand that, if the applicant is accepted to participate in the Virtual Program, I may be required to sign a situation specific consent form prior to the applicant’s participation fully indemnifying the host university, as well as the program planners, administrators and personnel from any and all liability for any injury which may be suffered by the applicant during their participation in the Virtual Program.

Having read the above, I consent to the applicant’s submission of an application to participate in the Vern J Kirkness Virtual Program.

(Parent or Guardian Printed Name)

(Parent or Guardian Signature)

(Date)

(Phone Number)

(Email)