



VERNA J. KIRKNESS EDUCATION FOUNDATION

PART 7 – PARENTAL CONSENT

I _____ understand that _____ has applied to participate in the Verna J. Kirkness Education Foundation Program (hereinafter called the “Program”) that includes lectures with professors from participating Program universities.

I understand that participation in the Program will involve:

- 1) the applicant spending one week online and working as part of a research team from a university;
- 2) as part of the participation in the Program, the applicant working with a research team from their home, for which they will be provided with materials and basic safety training as arranged by the Program;
- 3) during their involvement the applicant may be mentored and supervised primarily by a graduate student;
- 4) there are learning activities in the evenings that will require their attendance.

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

These expectations include:

- The applicant following the instructions given to them by the mentor or lab supervisor.
- The applicant following all safety protocols in place during the Program.
- The applicant conducting themselves in a respectful and mature manner at all times.
- The consumption of alcohol or illegal substances throughout their participation in the Program is strictly prohibited.
- Violation of any of the above rules may result in the applicant being asked to leave the Program.

I understand that participation in the Program may involve the applicant coming into close proximity with, and working with scientific apparatuses and/or materials that may be dangerous if mishandled. I understand that all participants will be asked to complete a survey at the end of the Program. I further understand that, if the applicant is accepted to participate in the Program, I will be required to sign a situation specific consent form prior to their 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. Having read the above, I consent to the applicant’s submission of an application to participate in the Verna J. Kirkness Education Foundation Program.

Signature

Date (day-month-year)

Print Parent/Guardian Name

Relationship to Applicant

Best Contact Number:

Email: