



Only One You Life Skills Educational Workshops – *Parental Waiver Consent*

**Please keep a copy of signed waivers for your records. Consent of Parent/Guardian
(Please print unless otherwise indicated.)**

I, (parent/guardian) _____, give permission for (child's name) _____
to participate in the Only One You (OOY) workshop on (Topic & date) _____

Informed consent and waiver of liability. --Please read carefully and initial where indicated.

I, the parent/guardian hereby acknowledge that certain risks of injury are inherent in the participation in sports and/or recreational activities that may be a part of the workshop. ____ **Initial**

I, the parent/guardian of the above named participant, release Only One You (OOY) Life Skills Education Workshops, its staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named child. ____ **Initial**

I understand that I am responsible for informing the Director of OOO Workshops, in writing, of any medical condition(s) my child has at the time of registration or acquires prior to the date of the workshop in which my child is enrolled. ____ **Initial**

In the event of a medical emergency, I hereby give permission to the Camp Director to approve and obtain medical attention necessary for my child's welfare and good health including ordering injection, anaesthesia, and/or surgery. In such a situation, the Workshop Director will attempt to notify the parents as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such services. ____ **Initial**

I have read and reviewed OOO Code of Conduct with my child. I understand that Only One You Workshops reserves the right to dismiss any child from any workshop with no refund of payment if the Director determines that the child puts any other child at emotional or physical risk.
____ **Initial** (child) ____ **Initial** (parent)

I understand that my child's picture and/or likeness will not be published on any official OOO websites or advertising domains (face book, twitter, etc.). I understand that photos taken by workshop participants will be encouraged for private use only and that public sharing of such photos will be discouraged by OOO staff. I have spoken to my child about their online presence and have discouraged the public sharing of any pictures on social media sites that have been taken at any OOO workshop. ____ **Initial**

I understand that OOO workshops have the right to cancel or change any program depending on enrolment. ____ **Initial**

Cancellation Policy: NO REFUND 7 days prior to the workshop except for medical reasons with a note from a doctor. Partial Refunds will not be granted if a child arrives late. ____ **Initial**

Signature of Parent/Guardian _____ **Date:** _____
Print Clearly Name of Parent/Guardian _____

For Office Use Only

Date of Workshop attended _____ Name of Workshop attended _____

Workshop Location _____

Complete Application Yes No