

## PARENTAL RELEASE AND WAIVER OF LIABILITY – VIRTUAL EVENTS

As per Policy on Virtual Events (VPSS-2)

Pursuant to the Policy on Virtual Events (VPSS-2) this Form must be completed by all

parents or legal guardians of non University students and minor children less than 18 years of age submitted to the Events Organizer at least 48 hours before the Virtual Event.			
I, (name of parent or legal guardian) in signing this document, confirm the following:			
•	I am the parent or legal guardian of the minor child identified below (the "Participant");		
It is my decision to allow the Participant to participate in the			
	name of platform) (the "Activity");		
•	I am responsible for making sure that the Participant is adequately supervised at all times during the Activity;		
•	As a parent or legal guardian, I am freely assuming all risks (including physical, privacy and legal risks), dangers and hazards on behalf of the Participant associated with participation in the Activity;		
•	I understand that the Activity may be recorded, and I agree to the Participant's voice and image being recorded;		
I herby grant Concordia University the right to use and broadcast the Participant's image, voice, and name for the purposes of promoting the University and future editions of the Activity. This right is perpetual, royalty-free, worldwide and non-exclusive and transferrable.			

I further acknowledge that:

I am aware that the Participant's participation in the activity may be hazardous and could result in damage or injury;



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- The Participant is in satisfactory physical and mental condition to safely participate in the Activity;
- The Participant has appropriate health and medical insurance in the event of injury;
- The Participant is authorized to use a camera and a microphone during the Activity;
- I am giving up the legal right to sue for any damages that may arise as a result of the Participant's participation in the Activity except in the case of gross negligence by Concordia University;
- The Participant does not suffer from any mental or physical condition that could have the
  effect of putting the Participant, or any other participant or Concordia University at risk by
  virtue of the Participant's participation in the Activity.
- I have read and understand the terms of this Release and Waiver of Liability.

Accordingly, I hereby release Concordia University, its agents, directors, officers and employees from any and all liability for any direct, special, incidental, consequential, punitive or exemplary damages, regardless of the nature of the claim arising from, or related to the Participant's participation in the Activity.

Participant's Name:	<u></u>
Signature of parent or legal guardian	Date