



Youth Participant Information Form

Section 1: Program	
Host Organization:	
Location (Town/City, Province):	
Which CWB Foundation program is your child registered in?	
<input type="checkbox"/> Mind Over Metal Youth Camp	
<input type="checkbox"/> Arx & Sparx Youth Camp	
<input type="checkbox"/> Other - please identify:	

Section 2: Participant Information		
First Name:		Last Name:
Preferred Name:		Email:
Home Address:		Date of Birth:
City:	Province:	Postal Code:
Gender: <input type="checkbox"/> Male/Man <input type="checkbox"/> Female/Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender		
<input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to disclose		
Does your child self-identify with one or more of the following designated groups (select all that apply)?		
<input type="checkbox"/> First Nations <input type="checkbox"/> Inuk (Inuit) <input type="checkbox"/> Métis <input type="checkbox"/> Francophone		
<input type="checkbox"/> Newcomer <input type="checkbox"/> Person with Disability <input type="checkbox"/> Racialized Person		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Does not identify with any of these designated groups		
<input type="checkbox"/> Prefer not to respond		

Section 3: Parent/Guardian Information	
To be completed by the Parent or Guardian of applicant	
First Name:	Last Name:
Phone #:	Email:

Section 4: Emergency Contacts	
Emergency Contact #1:	Emergency Contact #2
Name:	Name:
Relationship:	Relationship:
Phone #:	Phone #:



Section 5: Medical Information

Are there any allergies that we should be aware of? If none, please leave blank.

Please list any medications your child is taking that may affect their ability in the shop and use of equipment. If none, please leave blank.

Will your child need to wear prescription eyewear while using equipment in the shop?

☐ Yes ☐ No

I certify that the above information is correct and realize that any falsified information could lead to my child's termination in the program.

**This application must be signed by a parent or guardian for participants under the age of 18 years old.*

Parent/Guardian Signature:

Parent/Guardian Name (Please Print):

Date:

- ☐ I would like to be notified of programs, news and initiatives offered by the CWB Foundation.

I understand I can unsubscribe from these notifications at any time by emailing info@cwbweldingfoundation.org.



Youth Participant Consent Form

- 1) I, the parent/guardian of _____ (Print participant's name), give permission for my child to participate in the CWB Foundation program being held at _____.
- 2) I confirm that my child is in good health and physical condition and can participate in CWB Foundation program. I confirm that they will not participate in program activities while under the influence of alcohol or drugs, and that the instructor will be notified immediately if this is the case.
- 3) I acknowledge and understand that my child's participation in and attendance the CWB Foundation program involves certain risks and dangers of accidents; serious personal and bodily injury, including death; and property loss or damage wither specifically as a result of participation in the welding activities at the Camp program or generally in connection with my attendance. I understand, have considered, and evaluated the nature, scope and extent of the risks involved, and I voluntarily and freely choose to assume these risks on behalf of my child.
- 4) I fully and forever release, discharge and indemnify _____, the CWB Foundation and each of their parent companies, affiliates, divisions, subsidiaries, directors, officers, employees, agents, insurers, assigns and successors, together with all CWB Group directors, volunteers and staff (collectively, the "Released Parties") of and from any and all causes of action, lawsuits, losses, damages, injuries (including personal and bodily injuries, death and injury to property) howsoever caused (whether by negligence or otherwise), claims, demands, sums, costs, expenses (including legal fees and disbursements), and any other liability of any kind, of or to my child or any other person, directly or indirectly arising out of or in connection with any CWB Foundation program, including, without limitation, my child's participation in this program.
- 5) I agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages, which anyone may have, on account of loss, damage or injury sustained by my child or others in connection with my child's selection, attendance and participation in the CWB Foundation program.
- 6) In the event that neither I nor the listed emergency contacts can be reached in a medical emergency, I authorize and permit the Released Parties and program host personnel to administer first aid, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics and other medical personnel in the event of any illness, accident or injury, and;
- 7) Should any portion of this Permission, Waiver and Release be judicially determined invalid, voidable, or unenforceable, for any reason, such portion of this Permission, Waiver and Release



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shall be severable from the remaining portions herein, and the invalidity, voidability or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Permission, Waiver and Release.

I VOLUNTARILY AGREE TO THE TERMS OF THIS PARTICIPANT CONSENT FORM. BY SIGNING THIS FORM, I UNDERSTAND THAT I AM GIVING UP CERTAIN LEGAL RIGHTS ON BEHALF OF MY CHILD, INCLUDING THE RIGHT TO SUE.

Parent Name (Print):

Parent Signature:

Participant Name:

Date:



Participant Media Collection Consent and Release Form

I, the parent/guardian of _____ (Please print name of the participant), hereby agree and give my permission for the CWB Foundation (herein referred to as “CWBF”) and/or its representatives and authorized agents to record, film, photograph, audiotape or videotape my child’s name, image, work, and welding performance (such recordings, images, and materials herein collectively referred to as “Works”) and to use, reproduce, display, publish or distribute these Works, which may include posting on the CWBF website, posting on social media sites (including but not limited to Facebook; X; YouTube, Instagram) and/or broadcasting on television or radio, as determined by CWBF, for purposes in connection with promoting and explaining CWBF and its activities. I further agree that my child’s name and identity may be revealed in descriptive text or commentary in connection with the Works. I acknowledge and agree that CWBF owns all rights to the Works, and that the Works will not be sold to third parties.

I hereby waive any right to inspect or approve the use of these Works now or in the future, and I waive any right to any royalties or other compensation related to the use of these Works.

I understand that once the Works appear in electronic form on the internet or in other publications, the works could be downloaded or copied by a third party. I agree that I will not hold CWBF, its officials, directors, employees, agents or affiliates, and their respective heirs, executors, personal legal representatives, successors, and assigns, as applicable, responsible for any harm that may arise from such unauthorized reproduction.

I also understand that external media organizations may attend events involving CWBF. I give permission for my child’s name, image, work, and welding performance to be photographed, filmed, audiotaped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

☐ I **AGREE** to have my child participate as indicated above

☐ I **DO NOT AGREE** to have my child participate as indicated above

I have read this photo/video consent and release form, and I fully understand its contents and meaning.

Parent/Guardian Signature:

Parent/Guardian Name (Printed):

Date: