

## Explore jeunesse (13-15 years)

### PARENTS/GUARDIANS OF PARTICIPANTS TO THE EXPLORE JEUNESSE PROGRAM (13-15 YEARS)

Dear Parents, guardians,

As you know, your daughter or your son will participate in the Explore Jeunesse (13-15 years) organized by the Continuing Education of Moncton University, Campus of Moncton, which will take place from July 26 till August 13, 2021.

You will find below a form of consent that you must signed.

The program includes mandatory courses, workshops and socio-cultural activities (spectacles, outings, conferences, sporting activities, etc.) for all participants. Instructors ensure the supervision of the students during these activities.

The program managers and the staff involved have put a lot of effort into ensuring the safety of the participants and minimizing the risk of injury or other damage. However, there is always the possibility of injury given the nature of the clientele served. You must understand that under the circumstances, the University cannot assume responsibility for the losses or damages suffered by the participants.

That is why we ask you to sign the form below. In doing so, you assume full responsibility for the participation of your young person and thus release all responsibility the Moncton University and those involved in the activities of the Explore Jeunesse program (13-15 years)

**Lauriane Laforge - Director of Business Development and programs  
Continuing Education – Université de Moncton**

---

#### CONSENT FORM

NAME OF THE CHILD PARTICIPATING IN THE PROGRAM \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I certify that I have read all the information given to parents/guardians having a child less than 19 years of age participating in the Program, and I hereby absolve and save harmless the Université de Moncton as well as its employees, agents, and/or any person acting in behalf of the Program, for any and all injury loss or any other damages arising out of any activities of the said Program resulting from decisions, omissions or negligence of the above-mentioned persons.

*I, the undersigned, also declare that I assume all responsibility for my daughter's or son's participation in the said Program.*

---

Parent's signature : \_\_\_\_\_

Signature of participant : \_\_\_\_\_

Date : \_\_\_\_\_

*<sup>1</sup>The parents' decision is final and cannot be changed during the program participant*