



PARTICIPANT WAIVER FORM

I hereby agree to release SIAST, SaskWITT, and Skills Canada Saskatchewan and their project Skills Work! Young Women's Conference, from liability for any injury resulting from any cause whatsoever occurring to the named person at any time while attending the event, including travel to and from the event.

Name of participant: _____ Age: _____
Please print

Name of legal parent or guardian: _____
Please print

I also give permission for personal information such as:

Name

Photographs and video recordings

to be released only for promotional purposes of the SIAST Women in Trades and Technology, SaskWITT, and Skills Canada Saskatchewan, which includes news releases, feature articles, internal and external publications and brochures.

Signature: _____

Please provide a phone # where parent can be reached during the day: _____

IF YOU ARE 18 OR OVER, please sign for yourself. IF YOU ARE UNDER 18, we require the signature of a legal parent or guardian. THANKS