



## APPLICANT INFORMATION

Participant's First Name \_\_\_\_\_ Participant's Last Name \_\_\_\_\_

Participant's Preferred Name \_\_\_\_\_ M/ F/ Choose not to Identify (Circle)

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

Date of Birth (mm-dd-yyyy) \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Number (please indicate who's #) \_\_\_\_\_

Alternative Contact in Case of Emergency \_\_\_\_\_

#1 Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

## MEDICAL INFO

Allergies: (Please write "none" if no allergies) \_\_\_\_\_

\_\_\_\_\_

Medications: (List below, with doses and times)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Conditions: Including ADHD, Epilepsy, or any other behavioral conditions within the last 3 years

\_\_\_\_\_

\_\_\_\_\_

(Please write "none" if no medical condition exists) \_\_\_\_\_



## Media Consent

Name: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to the use and/or reproduction of all digital media taken of, or including me, and/or information gathered about or including me, by Thompson Rivers University (TRU) or by any nominee of TRU (including any agency, client, publication or other organization or institution) in whole or in part, in all forms and media, for distribution to the general public for the purposes of publicity and promotion of TRU.

I further consent to the reproduction or use of the photographs/ information with or without my name, and consent that TRU may seek copyright of the photographs/information in their name. In giving this consent, I release TRU and its nominees from liability for any violation of any personal or proprietary right I have in connection with any sale, reproduction or use of the digital media. I certify that I am 19 years of age or older.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian (if model is 18 years and younger) \_\_\_\_\_

Date \_\_\_\_\_

INTERNAL USE ONLY:

Event / Client \_\_\_\_\_

Photographer / Assistant \_\_\_\_\_

Description of Model \_\_\_\_\_



# THOMPSON RIVERS UNIVERSITY

## RELEASE OF ALL CLAIMS AND WAIVER OF LIABILITY

WARNING: BY SIGNING THIS, YOU GIVE UP THE RIGHT TO SUE

To: THOMPSON RIVERS UNIVERSITY, its students, instructors, employees, officers, governors and agents.

In consideration of Thompson Rivers University permitting me to participate in **TradeMakers 2.0- August 26 and 27th at TRU**

I agree to this release of claims, waiver of liability, and assumption of risks (hereinafter collectively called "this Release").

I waive any and all claims I may have against, and release from all liability and agree not to sue, Thompson Rivers University and its students, instructors, employees, officers, governors and agents (hereinafter collectively called "its Staff") for any claim, loss or injury sustained by me as a result of my participation in the Activity arising out of any cause whatsoever including, but not limited to, negligence on the part of Thompson Rivers University and its Staff. I assume all risks associated with participating in the activity.

In participating in the activity, I am not relying on any oral or written representations or statement made by Thompson Rivers University or its Staff, including those in any brochures or calendars issued by Thompson Rivers University, to induce me to participate in the Activity.

I confirm that I have read and understood this Release prior to signing it, and agree that this Release will be binding upon me, my heirs, executors and administrators.

I agree that this Release is to be interpreted pursuant to the laws of the Province of British Columbia and I understand that if I have any questions regarding this Release, I should consult a lawyer prior to signing this Release.

WITNESS:

OR parent/Guardian if under age 19

Signature Guardian: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Name Guardian:(please print) \_\_\_\_\_ Name of Participant (please print) \_\_\_\_\_

Address: \_\_\_\_\_ Address of Participant \_\_\_\_\_