



**PINGUAQ MAKERSPACE
PARTICIPANT ALLERGY AND HEALTH INFORMATION FORM AND WAIVER**

PARTICIPANT INFORMATION

Participant Name _____

Parent/Guardian _____

Parent/guardian contact # _____

Alternate Emergency Contact name _____ Phone # _____

ALLERGY INFORMATION Does your child have any life-threatening allergies or medical conditions?
Please circle one that applies YES NO

If yes, please list the allergy, triggers and symptoms/warning signs below.

Allergies _____

Triggers _____

Symptoms _____

Warning Signs _____

Is this an anaphylactic allergy? Yes No

Is an EPI Pen provided for this allergy? Yes No

The onset of the allergic reaction is brought on by: (check all that apply)

Ingestion

Touching it

Smelling it

Other

Please provide a list of procedures that should be followed in the event of an allergic reaction to any allergies specified above::

Are there any other special instructions for workshop leaders to know about your child's medical needs?

While Pinnguaq Association staff and instructors and/or their agents or designates will make every reasonable effort to minimize exposure to known risks associated with each Participant's participation at the Makerspace, I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Participant") may be required, depending on the nature of the Program, to participate in various activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate list of medical conditions and hereby permit the Participant to participate in the full range of Program activities, except as specifically noted by me in the "special instructions" section of this form. In consideration for the Participant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the Pinnguaq Association, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Participant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, activities at the Pinnguaq Makerspace.

In the event of an accident, injury or illness involving the registrant, and immediate contact by the Pinnguaq Association Makerspace with a designated contact cannot be made, I hereby authorize and grant permission to Pinnguaq Association staff or their designate to secure proper medical treatment and authorize on the registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s). I agree not to hold the Pinnguaq Association responsible for any costs or injury arising out of an emergency situation.

Signature of parent or legal guardian:

Name (please print):

Date: _____

Personal information on this form will be used to administer Pinnguaq Makerspace programming at the Pinnguaq Makerspace, Building 754, Iqaluit operated by the Pinnguaq Association, 9-1 William St. S. Lindsay, ON K9V 3A3.