



Take Our Kids to Work™ Program November 14th, 2018

**Human Resources
Health, Safety and Employee Well Being**

Risk Management Services

Program Overview

York University is pleased to participate in the *Take Our Kids to Work™ program (TOKTW)*, a day when Grade 9 students accompany a York University employee (parent/guardian, relative, or neighbour) to work to observe the daily activities of the employee and to complete a report, based on their experience, for their teacher. (See <http://www.takeourkidstowork.ca/>).

1. Security, Health and Safety

York University would like to ensure the security, health and safety of visiting students. Each employee sponsoring a Grade 9 student must obtain approval from their supervisor. The employee and their supervisor must review potential job hazards prior to the start of any job-shadowing. This includes reviewing personal safety equipment, safety rules, and off limit areas. Safety rules of the workplace apply to the visiting student.

For reasons of safety and privacy, no student may visit a work site indicated on the “**Off Limit Worksites**” list in section 3 of this document. In addition, **no student participant is permitted to operate a motorized vehicle, electrical tool, or to use chemicals.** If you have questions about the suitability of any work site in relation to TOKTW, please forward them to Health, Safety and Employee Well Being (hsewb@yorku.ca, ext. 55491).

2. Permission and Release Forms

(Applies to Faculty and Staff at all Campuses and Satellite Locations)

School boards require parents/guardians to sign a permission form. York University also requires that parents/guardians sign the attached Permission and Release, Photography and Video consent, Waiver & Indemnification Form for any student who wishes to participate in the TOKTW program. (**Note:** Complete one form per student. If you are bringing more than one student, please complete additional forms as required.)

Permission to bring a student into the workplace must be obtained **in advance** both from the Supervisor (i.e., Vice-President’s/Dean’s Office, Unit Director or Manager) and Risk Management Services to ensure Supervisors have full knowledge of the students participating in their areas.

Please submit all forms to Human Resources, Frafiq@yorku.ca, no later than Nov 9th, 2018.



3. Off Limits Work Sites

The following work sites are deemed off limits by York University. Students participating in the Take Our Kids to Work™ Program may not job shadow at these sites:

1. Facilities Maintenance workshops
2. University construction sites
3. Boiler rooms and power plant requiring the wearing of hearing protection, steel-toed boots and hard hats
4. Food services kitchens
5. Chemical and hazardous waste storage area
6. High risk labs, workshops and studios with chemicals, biological, radiological and/or physical hazards requiring the wearing of personal protective equipment.
7. Counseling services
8. Private living areas of student residences
9. Shipping and receiving loading areas
10. Any other sites identified by the Dean or Unit Director or Department of Human Resources.

If you have any questions regarding health and safety, please contact **Health, Safety and Employee Well Being** at hsewb@yorku.ca, ext. 55491.

Privacy: Personal information in connection with the attached forms is collected under the authority of *The York University Act, 1965* and will be used for the purpose of administering participation in the Take Our Kids to Work™ Program and related purposes. If you have any **questions about the collection, use and disclosure** of your personal information by York University, please contact: York University, Human Resources Office, 4700 Keele Street, Toronto, Ontario, M3J 1P3, or via Telephone at (416)736-2100 extension 66220.

**REGISTRATION FORM
TAKE OUR KIDS TO WORK™
Additional York-Sponsored Activities**

Return completed form by Nov 9th to:

Farah Rafiq, Human Resources, Kinsmen Building - by inter-campus mail or scan and e-mail to frafiq@yorku.ca.

EMPLOYEE NAME: _____

EMPLOYEE FACULTY/DEPARTMENT: _____

EMPLOYEE TELEPHONE EXTENSION: _____

EMPLOYEE E-MAIL: _____

NAME OF THE STUDENT COMING TO WORK:

WILL PARTICIPATE IN:

Campus Tour

Yes

No

Lunch

(Guardians are expected to join their children for lunch)

Yes

No

Appendix B

PERMISSION & RELEASE, WAIVER & INDEMNIFICATION FORM: TAKE OUR KIDS TO WORK™ PROGRAM

Please complete and return this form (Parts I, II, and III) by Nov 9th
Frafiq@yorku.ca.

- Complete one form per each attending student. Make copies for any additional children who may be attending with you and for the student's teacher as may be required.

PART I – STUDENT

I would like to participate in York University's *Take Our Kids to Work*™ program on Wednesday, November 14th, 2018. I agree to arrive at the specified time and location, and to abide by all of the rules at the workplace. I understand that I am under the authority of the adult I am accompanying to work.

School Name

Home Room Teacher Name

Student Name (Please Print)

Student Signature

Date

**PART II – PARENT/GUARDIAN PERMISSION & RELEASE,
WAIVER & INDEMNIFICATION FORM**

Employee name: _____

Address: _____

Department: _____

University telephone extension: _____

Email: _____

I, _____, the legal guardian or parents of _____, hereby give my consent to his/her participation in the Take Our Kids to Work™ program (the “Program”) at York University on November 14th, 2018.

I am aware that job shadowing and the Program involve certain risks and dangers inherent to the workplace.

I also acknowledge that York University does not carry medical, personal health, dental, accident or personal property insurance coverage with respect to the participant.

I hereby release York University, its officers, governors, employees, agents, contractors, and representatives (the “Released Parties”) from any and all actions, claims, and demands for damages, loss and injury, arising now or which may hereafter be sustained by me or the participant or both arising out of or in consequence of the attendance or participation of the participant in the Program.

I hereby waive and promise not to sue the Released Parties for any loss or damage, and any claim or demands on account of injury or damage, or as a result of my death, whether caused by negligence or otherwise, in connection with my participation in the Program.

I agree to indemnify the Released Parties from any claims or demands which might be made against the Released Parties arising out of or in consequence of the attendance or participation by the participant in the Program.

I declare that I have read and understood the above Parent/Guardian Permission and Release, Waiver & Indemnification Form for *Take Our Kids to Work™ Program* in its entirety. I understand and agree to be bound by the terms and conditions. I am aware that by signing this form, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators or personal representatives may have against York University, its officers, governors, employees, agents, contractors or representatives.

Signed by: Parent or Guardian

Date: _____

Location where child will be participating in the *Take Our Kids to Work program*

Signed by Supervisor: (i.e., Vice-President's/Dean's Office, Unit Director or Manager)

Date: _____

Signed by: Risk Management Services

Date: _____



PART III – WORKPLACE INFORMATION: Take Our Kids to Work™ Program

Business Placement Information

I will be taking the above-named student to York University on November 14th, 2018. I accept and agree to the above terms and conditions of the *Take Our Kids to Work™ Program*. I acknowledge that I have full responsibility for the student and that the student is under my authority and supervision for the business hours indicated.

Name (Please Print)

Occupation/Position

Faculty/Department

Relationship: Parent/Guardian, Relative, Neighbour, Friend

Office Address Telephone Ext. Office E-mail

The student will be present at my workplace, York University, between the hours of _____ and _____ on November 14th, 2018.

Signature

Date

Appendix C

Photographs and Video Consent, Waiver, Indemnity and Release

Photographs, Videos and Recordings

I hereby grant permission to York University and its representatives to take photographs or videos of me and to make recordings of my voice at the event or location noted below.

First and Last Name (Printed) _____

E-mail _____ Phone _____

Parent/Guardian Name (if underage 18) _____

Event/Location _____

Date _____

I further grant to York University and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining York University and its activities and for administrative, educational or research purposes. I acknowledge that York University owns all rights to the images and recordings.

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, defend, indemnify and hold harmless York University, its Board of Governors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.



I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

_____ Signature (if age 18 or older)	_____ Date
_____ Signature of Parent/Guardian (if underage 18)	_____ Date
_____ Signature of Witness	_____ Date

Privacy: Personal information including images and recordings in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for promoting, publicizing or explaining York University and its activities and for administrative, educational or research purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information by York University, please contact: Information and Privacy Coordinator, 20359, info.privacy@yorku.ca.