CRSIF
CANADIAN ROAD SAFETY INNOVATION FOUNDATION

# Parent / Guardian Consent & Participation Waiver

Program: ☐ Road Safety Scout Program (Grade 9) ☐ Road Safety Ambassador Program (Grades 10-12)

## 1. Student Information

Full Name: [Student Full Name] Date of Birth: [YYYY-MM-DD]

Grade: [Grade] School: [School Name]

## 2. Parent / Guardian Information

Name: [Parent / Guardian Full Name] Phone: [Phone Number]

Email: [Email Address] Emergency Contact: [If different, Name & Phone]

## 3. Program Activities & Safety Boundaries

As part of this program, students take part in structured, supervised observation activities near school zones and approved neighbourhood routes. Fieldwork is conducted only from safe sidewalk positions, in pairs where required, with no entry onto roadways and no collection of identifying vehicle, driver, or personal information. Students must pass a safety protocol assessment before any field activity begins, and are supervised by trained CRSIF coordinators and school staff throughout.

## 4. Consent & Acknowledgment

☐ I acknowledge that I have read and understood the description of program activities and safety boundaries above.

☐ I give permission for my child to participate in the CRSIF program checked above, including supervised field observation activities.

☐ I give permission for photographs or video taken during program activities to be used by CRSIF for educational and promotional purposes. (optional)

☐ I understand that CRSIF staff or coordinators may contact the emergency contact listed above in the event of an incident.

## 5. Signatures

Parent / Guardian Signature Date

Student Signature Date