

**Permission for High School Students to Participate in the  
2018 Ottawa Brain Bee Contest**

To: Ottawa Brain Bee, Carleton University Neuroscience Program

Dear Ottawa Brain Bee Event Organizer,

This letter is written to give my permission to my son/daughter \_\_\_\_\_ to participate in the **Ottawa Brain Bee Event** (including research lab tour) held at **Carleton University** on April 28th, 2018. I assume all risk of injury or harm to the participant associated with the event.

I consent to the staff or the organizer administering or consenting to the administration of emergency medical care to the participant as such person deems appropriate in the circumstances.

I understand and acknowledge that the organizer does not take any responsibility for any medical cost or insurance coverage for the participant.

Sincerely,

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relation to the participant  
(Father/Mother/Guardian)

\_\_\_\_\_  
Date

Telephone #: \_\_\_\_\_

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

Name and telephone # of emergency contact (if different to above):

Name and telephone # of the participant Physician: