



JOHN F. WOOD SUMMER LEADERSHIP PROGRAM

August 3-7, 2026

The University of Western Ontario collects personal information pursuant to its authority under the University of Western Ontario Act, 1982, as amended. Personal information on this form is collected for the purposes of administering participation in the Program, ensuring Participant safety, and contacting guardians if required. It will be used only as necessary for these purposes and handled in accordance with the Freedom of Information and Protection of Privacy Act (Ontario), as amended. If you have any questions regarding this collection, please contact:

Nicole Jesko
HBA Recruiting Manager
Ivey Business School
1255 Western Road, London, Ontario
519-661-2111
njesko@ivey.ca

PARENT/GUARDIAN'S PARTICIPATION AUTHORIZATION

1. Participant Information

Name:

Date of Birth:

Gender:

Country of Residence (if Canada, specify Province/Territory):

2. Parent/Guardian Contact #1

Parent/Guardian Name:

Relationship to Participant:

Phone Number:

Email:

Parent/Guardian Contact #2

Parent/Guardian Name:

Relationship to Participant:

Phone Number:

Email:

3. Emergency Contact (alternative if Parent/Guardian unavailable)

Name:

Relationship to Participant:

Phone Number:

☐ I authorize camp staff to contact this individual if I cannot be reached.

4. Travel and Supervision

Please confirm travel arrangements:

☐ The Participant will travel alone (if selected please complete Participant Flight & Travel Details Form)

- ☐ The Participant will travel with their parent/guardian.
- ☐ The Participant will travel with another authorized adult (name and relationship):

I acknowledge that I am responsible for arranging and overseeing the Participant's travel to and from the Program, including flight, accommodations outside Program dates (if any), and ground transportation to the Program.

I am also responsible for ensuring the Participant meets all travel, entry, and documentation requirements.

5. Health Insurance (Required for Out-of-Province and International Participants)

For Residents of Other Canadian Provinces/Territories

- ☐ I confirm that the participant has valid provincial/territorial health coverage.
- ☐ I understand that coverage outside the home province/territory may be limited and confirm that the participant has supplementary or equivalent coverage sufficient to cover healthcare services in Ontario, including emergency care and hospitalization.

For International Participants

- ☐ I confirm that the participant has purchased private health insurance valid in Canada for the full duration of the program, which includes coverage for **emergency medical care and hospitalization, physician services, medical evacuation and/or repatriation.**

Insurance Provider: _____

Policy / Certificate Number: _____

6. Accommodation Needs, Allergies and Dietary Restrictions

Does the Participant have any limitations or needs requiring accommodation for the Participant to participate in the Program activities? If yes, please describe below.

Does the Participant have any allergies?

***PLEASE NOTE: Program staff do not administer medication to participants, except for in the case of life-threatening emergencies (e.g., an anaphylactic reaction).**

Does the Participant have any dietary restrictions?

7. Program Requirements Acknowledgment

I confirm that I have reviewed and understand the following program requirements:

- ☐ The program is conducted entirely in English. I confirm that the Participant is proficient in spoken and written English to fully understand and actively participate in all program activities.

- ☐ The Participant must follow the Program's Code of Conduct and instructions from staff. I acknowledge receiving a copy of the Code of Conduct. Failure to comply with the Code of Conduct may result in the removal from the Program at the Participant/Guardian's expense.
- ☐ I have reviewed and understand the Program's fee, cancellation, and refund policy. I understand that withdrawals, cancellations, or removal from the Program (including failure to comply with program requirements or Code of Conduct) may result in partial or no refund, in accordance with the established policy.
- ☐ I understand that Western University, as represented by its Ivey School of Business, is not responsible for costs incurred outside of the program fee (including but not limited to travel, visas, or insurance), which may not be refundable.

By signing below, I confirm that I have read, understood, and agree to the contents of this form.

Parent/Guardian

I confirm that I am the parent/legal guardian of the Participant and that the information provided is accurate. I consent to the Participant's involvement in the program under the terms outlined above.

Name: _____

Signature: _____

Date: _____

Participant

I confirm that I have read the expectations for participation in this program, including the Code of Conduct, and agree to abide by them.

- ☐ I consent to program staff contacting my parent(s)/guardian(s) regarding my participation in the program, including in relation to my safety, conduct, or well-being.

Name: _____

Signature: _____

Date: _____



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MEDIA PERMISSION

Project Lead: Nicole Jesko

From 08 / 03 / 2026 to 08/07/2026 a photographer and/or videographer acting on behalf of Western University ("Western") may be taking photographs and/or videos at John F. Wood Summer Leadership Program (the "Event").

Permission: I grant permission to Western and its representatives to photograph and video my child, and otherwise capture my child's image, and to make recordings of his/her voice at the Event.

Grant: I grant to Western and its representatives, the right to use, reproduce, distribute, and broadcast my child's image, including his/her name, voice, likeness and affiliation with Western captured in such recordings in any media now known or later developed as well as his/her name for promoting, publicizing or explaining Western and its activities and for administrative, educational or research purposes. This right also extends to any of the contents performed, created or provided by my child which are captured in any recordings, such as my performances, artwork, compositions or similar materials. This right is irrevocable, royalty-free, worldwide, non-exclusive and transferrable.

Ownership. I acknowledge that Western owns all rights to the images and recordings.

Waiver: On behalf of my child, I waive:

- i. any right to inspect or approve the use of the images or recordings or of any written copy;
- ii. all moral rights; and
- iii. any right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

Other: My child is not a member of any performers union or guild and is under the age of majority.

Name of Participant (Please Print)

Date

Name of Parent (Please Print)

Signature

Notice of Collection: Western collects personal information under the authority of the University of Western Ontario Act, 1982, as amended. The information is related directly to and utilized by Western for the purposes of recruitment, program development, administration, and other related activities. The information may be used by Western in its publications including, but not limited to, printed publications, poster displays, electronic publications and websites, external media or other promotional media that supports Western's education initiatives and programs. Questions about this collection, use, or disclosure of personal information should be directed to brand@uwo.ca.



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RISK ACKNOWLEDGMENT AND ACCEPTANCE

The Participant and the Participant's Parent/Guardian HEREBY ACKNOWLEDGE AND AGREE that participating in the John F. Wood Summer Leadership Program at the Ivey Business School at the University of Western Ontario (hereinafter referred to as "the Program") carries with it inherent and foreseeable risks, dangers, and hazards, which may result in serious personal injury, illness, death, or damage to or loss of personal property.

The Participant and the Participant's Parent/Guardian are aware that, while attending the Program, using Western facilities, or participating in any Program-related activities, the Participant may be exposed to a wide variety of risks, including but not limited to the following:

- Physical activity, games, or recreational exercises that may involve physical exertion, contact or strain;
- Use or misuse of equipment, tools, materials, or facilities;
- Interaction with other participants, staff, volunteers, or members of the public, which may result in accidental or intentional acts causing harm;
- Slips, trips, and falls or other accidents arising from the premises, equipment, or activities;
- Transportation to, from, or as part of the Program, including boarding, disembarking, and travel-related incidents;
- Exposure to outdoor and/or indoor environments, including but not limited to weather, temperature changes, allergens, insects, and other natural or environmental hazards;
- Exposure to and/or contraction of communicable illnesses or diseases, including but not limited to viruses, bacteria, or other pathogens, which may be transmitted through contact with other participants, staff, surfaces, or the environment.
- Loss of or damage to personal property, including but not limited to theft, vandalism, fire, or water damage.

I, the undersigned Parent/Guardian, acknowledge that participation in Program activities involves inherent risks that may result in injury or harm. I understand and accept these risks on behalf of the Participant and consent to their participation in all Program-related activities.

Parent/Guardian

Name: _____

Signature: _____

Date: _____

JOHN F. WOOD SUMMER LEADERSHIP PROGRAM

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PARTICIPANT CODE OF CONDUCT

1. **Show respect for people:** Treat all fellow participants, staff, volunteers, and other program personnel with kindness, courtesy and consideration. Use respectful language, and avoid insults, slurs, threats, profanity, and teasing. No unwanted touching or physical contact.
2. **Show respect for the environment and facilities:** Care for program equipment, buildings and natural spaces – no vandalism, graffiti, littering or damaging property.
3. **Adhere to special boundaries:** Stay within designated program areas and remain with the assigned group unless given explicit permission by Program staff.
4. **Use technology appropriately:** Follow Program and University rules on technology and social media. When technology is used as part of program activities, participants must not access obscene, hateful or discriminatory content; harass others online; vandalize accounts or systems; use abusive or vulgar language; or share passwords or private information.
5. **Communicate concerns:** tell a Program staff member if they feel unsafe, see behaviour that worries them, or need help resolving a problem.
6. **Commitment to health and wellness:** Participants and families must support a healthy program community by keeping participants home if they are ill or not well enough to participate safely, follow program-specific illness and hygiene policies, respect 'nut-aware' and other allergy restrictions and avoid sharing food with other participants.
7. **Adherence to Standards.** The Participant understands and agrees that they shall abide by: (i) all policies, rules, and regulations of the University, (ii) all rules, directions, and precautions issued by Western. The Participant specifically understands that the consumption of alcoholic beverages is not permitted during the Program. The Participant shall not engage in inappropriate conduct during the Program, including but not limited to any use of physical or verbal violence, or any unauthorized absences from classes or other activities during the Program.
8. **Avoid prohibited and/or risky behaviours** – the following behaviours are prohibited and constitute camper misconduct:
 - a. Bullying, harassment and discrimination – verbal, physical, or social behaviour that targets or excludes others based on race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity or expression, age, marital or family status, disability or any other protected ground.
 - b. Violence or threats of violence – hitting, kicking, biting, pushing, aggressive physical contact, or threats to harm oneself or others.
 - c. Theft and property damage – stealing, attempting to steal, or damaging property belonging to Western, program partners, staff, other participants or third parties.
 - d. Illegal substances and unsafe items – possession, use, distribution or being under the influence of illegal drugs, non-prescribed controlled substances, alcohol, nicotine products or vaping devices. Possession of weapons (real or replica), explosives, fireworks, knives, lighters, matches or other hazardous items.
 - e. Serious defiance or persistent disruption – repeated refusal to follow safety rules or instructions, running away from program staff, or behaviour that significantly interferes with another participant's ability to participate.
 - f. Any behaviour that violates law or Western's Non-Discrimination/Harassment/Sexual Misconduct Policy.
9. Additional expectations for overnight program:
 - a. Participants must adhere to room and building assignments.

- b. Participants may not enter rooms or sleeping areas assigned to other campers or groups without permission.
- c. Participants must follow rules specific to washrooms, showers and changing areas to protect privacy and safety.

Termination of Participation. The Participant and the Participant's Parent/Guardian acknowledge that the Program staff may, at their sole discretion, terminate the Participant's participation in the Program for failure to adhere to the Code of Conduct or any Program policies. In the event of termination, no refunds will be issued. The Parent/Guardian shall be fully responsible for making and bearing all costs of arrangements for the Participant's prompt return home or other appropriate accommodations.

The Participant and the Participant's Parent/Guardian acknowledge that they have read this Participant Code of Conduct and understand its meaning and effect and agree to be legally bound by its terms.

Participant's Name (printed)

Participant's Signature

Date

Parent/Guardian's Name (printed)

Relationship to Student

Parent/Guardian's Signature

Date



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REFUND POLICY

If a participant cannot attend the program, we understand that families may seek a refund. Our refund policy is designed to balance this important need with the resources already committed to program operations.

FULL REFUND

A full refund will be issued for cancellations made up to 10 business days prior to the participant's start date. All cancellation requests must be submitted in writing to hba@ivey.ca at least 10 business days prior to the participant's start date. We are unable to process refund requests over the phone.

NO REFUND

Refunds will not be issued for cancellations made less than 10 business days prior to the participant's start date. Additionally, refunds will not be provided to participants who do not attend the program or once the program has started, as resources have already been allocated for the participant's attendance.

Refunds will not be issued in cases where a participant is asked to leave the program due to inappropriate or harmful behaviour. Please refer to our Code of Conduct for further details. Refunds will also not be made in the event of a university closure or disruption of services.

EXCEPTIONAL CIRCUMSTANCES

If your participant is experiencing exceptional circumstances that impact their ability to attend the program, please contact us to discuss the situation. However, once the program has begun, we are unable to provide refunds due to the resources committed for the participants' participation.



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PARTICIPANT FLIGHT & TRAVEL DETAILS

Please complete this form if the Participant will be travelling unaccompanied.

Arrival Information

Arrival Date:

Arrival Airport & City:

Airline and Flight Number:

Scheduled Arrival Time:

Country of Departure:

Destination:

Departure Information

Departure Date:

Departure Airport & City:

Airline and Flight Number:

Scheduled Departure Time:

Destination:

Transportation

How will the Participant travel between the airport and accommodation?

Arrival to Program

☐ **Parent/Guardian Pickup**

☐ **Other Authorized Pickup Person (name and relationship to Participant required):**

☐ **Taxi/Uber/Rideshare**

☐ **Bus**

☐ **Other (please specify):**

Departure from Program

☐ **Parent/Guardian Pickup**

☐ **Other Authorized Pickup Person (name and relationship to Participant required):**

☐ **Taxi/Uber/Rideshare**

☐ **Bus**

☐ **Other (please specify):**

Pre-Post-Program Accommodation (if applicable)

If the Participant will arrive before the Program start date (3:00pm on August 3, 2026) or stay after the Program ends (3:00pm on August 7, 2026) please provide accommodation details below:

Accommodation Type:

☐ **Hotel (please contact hba@ivey.ca for recommendations and assistance)**

☐ **Staying with Family/Friends**