

INFORMED CONSENT / PARTICIPANT AGREEMENT

All Women in Science In-Person participants are required to submit a signed copy of the following participant agreement at the time of registration.

To ensure the safety and security of all participants and the BC Children's Hospital community, participants who do not submit this agreement will not be permitted to attend the event if selected.

The participant agreement must be signed by both the participant and a parent/guardian.

If you have any questions or concerns about the participant agreement, contact researchevents@phsa.ca.

I, _____ (name), am participating in the **Women in Science** evening hosted by the BC Children's Hospital Research Institute at 950 West 28th Avenue in Vancouver, BC on Thursday, February 8, 2024, from 6:00 – 8:30 pm.

As a Participant, I acknowledge and agree to the terms outlined in this document.

Responsibilities for Participants:

- I agree to respect the difference in others, their ideas, and opinions.
- I agree to refrain from inappropriate and disrespectful conduct, such as bullying, harassment, discrimination, or racism.
- I agree to be punctual and prepared to be part of an environment dedicated to active learning.
- I agree to follow the instructions and directions of the event organizing team.
- I agree to Covid-19 symptom screening checks. **I will not attend in-person if I am sick.** I will let the event organizers know if I have experienced any symptoms of Covid-19 or have had a known exposure.
- If asked, I agree to wear a medical mask to help protect the Women in Science faculty, which includes individuals who regularly work in healthcare and research spaces.
- I agree to sanitize my hands upon entering and exiting the facility, with soap or sanitizer.
- I understand that the event will be hosted at the BC Children's Hospital Research Institute in the lobby and auditorium, with participant access to washrooms. I understand that all other spaces in the institute are off-limits.
- I understand that the BC Children's Hospital Research Institute is locked after the close of regular business hours and that I will be unable to enter the building without a supervisor present during this event. If I arrive late, I may be unable to enter the institute.
- I understand that lecture materials may be difficult and triggering. I will make my safety and well-being my first priority. I acknowledge that I have the ability to leave the auditorium as needed at any time. Participants will be able to move freely between the auditorium, lobby, and washrooms.
- I understand that I may be photographed or recorded by the Women in Science organizing team during this event, and that photographs or recordings of me may be used in promotional materials. I agree that the BC Children's Hospital Research Institute may use any photographs or recordings taken during the event in its promotional materials, including photographs or recordings of me.

Activity

Women in Science is being offered as a public education and health science outreach program through the BC Children's Hospital Research Institute. Participants will be supervised by 4 adults, including the event moderator, two program administrators, and one technology support person. The Women in Science event will be in a lecture format and will involve the following activities:

- Attendance and participation in a discussion panel on topics regarding women paving the way for research in health sciences;
- The opportunity to ask questions and receive answers from inspiring female leaders; and
- The opportunity to engage with panelists and as many as 150 peers in an indoor space.

Description of Risks

The activities have foreseeable and unforeseeable inherent risks, hazards, and dangers. No amount of care, caution, or expertise can fully eliminate the potential for harm. Potential risks of attending the Women in Science evening include:

- Exposure to contagious diseases such as COVID-19; and
- Discomfort or distress caused by engaging with challenging topics such as stereotypes, gender biases or discrimination faced by women in the health sciences field.

Acknowledgement

I acknowledge that there are risks associated with entering the BC Children's Hospital Research Institute and with participating in the Women in Science event. I understand that the measures taken by the event organizers will not entirely eliminate those risks.

I confirm that I have read this agreement, understand it, and that I have executed this agreement voluntarily.

Name of Participant (Print)

Signature of Participant

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date Signed