

# ONTARIO ASSOCIATION OF AGRICULTURAL SOCIETIES AMBASSADOR PARTICIPATION AGREEMENT FORM

The Ontario Association of Agricultural Societies (OAAS) provides an annual educational program of Fair Ambassadors from across Ontario aged 16 and up. All participants must complete the Participant Agreement Form in order to participate in the OAAS Ambassador program. If the participant is under 18, the parent/guardian should complete this form before the participant's involvement. It is the responsibility of the parent/guardian to notify/update the OAAS of any changes to the information on this form.



Within the Participant Agreement Form, some information that is requested may be sensitive in nature. OAAS staff and Volunteers collect various information to ensure the connection, safety and care of all participants. The purpose of the information collected here is to provide the OAAS with the information needed to facilitate OAAS activities and to be able to respond in the event of an emergency. This information is also used to keep participants up to date on activities within the OAAS including programs, services, and initiatives. Information will be gathered, stored, and destroyed in accordance with the Canada Health Act and privacy laws.

## SECTION 1: PARTICIPANT CONTACT INFORMATION (PLEASE PRINT)

Agricultural Society:	OAAS District:
Participant Full Name (First Middle Last):	Preferred Name (i.e. Chris instead of Christopher):
Birth Date (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:	City/Town:
Postal Code:	Phone Number:
Email Address:	

### To Be Completed at Convention

Participants Room Number:	Cell Phone Number:
Chaperone's Full Name and Room Number:	Chaperone's Cell Number:

## SECTION 2: EMERGENCY CONTACT

**Primary Contact (Parent/Guardian) \*In the event of an emergency this will be the first person contacted\***

Full Name (First Middle Last):	Relationship to Participant:
Home Phone:	Cell Phone:
Email:	Address:

**Secondary Contact**

Full Name (First Middle Last):	Relationship to Participant:
Home Phone:	Cell Phone:
Email:	Address:

**Agricultural Society Contact**

Full Name (First Middle Last):	Role at Ag Society:
Phone Number:	Cell Phone:
Email:	Address:

**SECTION 3: HEALTH AND SAFETY INFORMATION**

This information is **voluntary**, and participants are not required to complete this portion of the Participant Agreement Form. However, this information is gathered for communication with healthcare providers in the event of an emergency. Please include any information the OAAS organizers may require to ensure the participant's safety and a positive OAAS Ambassador Program experience.

**Medical / Behavioural / Allergies / Dietary**

Are there any medical conditions, disabilities, family circumstances, cultural requirements, or other concerns the OAAS Ambassador Program organizers should be aware of? If so, please explain here or speak directly with the activity organizer.

**Medical / Behavioural**

Description/Details:
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**Allergies**

<input type="checkbox"/> Drugs <input type="checkbox"/> Environmental: <input type="checkbox"/> Food <input type="checkbox"/> Other
Description/Details:

**Dietary Requirements**

<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Celiac/Gluten Free <input type="checkbox"/> Lactose Free <input type="checkbox"/> Other
Description/Details:

## SECTION 4: MEDIA RELEASE

Photos and videos of participants will be taken while they participate in OAAS activities. These photos are typically used to record memories and promote the OAAS. Please indicate below your consent to the use and reproduction by the OAAS of any and all photographs, video recordings and audio recordings taken of myself or my child for use on OAAS websites, in print and other media for the purposes of promotion, illustration, advertising or publication and without compensation. All such photographs, video recordings, audio recordings, and all recorded media, prints, and created media from the content shall constitute the property of the OAAS. In addition, the undersigned hereby consents to authorize the publication of the name of the participant. **Important Reminder:** Photos, images and media may appear electronically on the Internet or in other publications outside the OAAS's control.

I consent.  I DO NOT consent.

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Signature of Adult Participant

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Date of Signature

**For participants under age 18:** The undersigned hereby certifies that as the parent or guardian of the participant, I give my consent on his/her behalf.

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Signature of Parent/Guardian

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Date of Signature

## SECTION 5: OAAS CODE OF CONDUCT AGREEMENT

The OAAS is dedicated to youth's personal development while positively impacting Ontario's Members, Volunteers, and communities. To achieve this mission, the OAAS Code of Conduct applies to all participants of the OAAS program in Ontario (all Staff, Volunteers and Members). It addresses the general rules of conduct necessary to maintain the standards of the OAAS program. To truly be an organization of leaders building leaders, everyone is expected to follow the code of conduct. Failure to do so may result in dismissal from the OAAS program. In case of dismissal, no portion of fees whatsoever will be refundable. Interpretation of this code is at the discretion of the OAAS and/or those Volunteers and/or staff responsible for the activity, in consultation with others as appropriate.

1. The OAAS participants will respect, adhere to and enforce rules, policies and guidelines established by the OAAS.
2. OAAS Members, Volunteers, guests, and stakeholders shall be treated appropriately and courteously as the participant would like to be treated while ensuring respect for people and property.
3. A positive OAAS image is always expected. OAAS participants will conduct themselves courteously and respectfully, exhibit good sportsmanship, and act as positive role models for those around them. Behaviour must be conducive to a friendly, safe, and fun learning environment.
4. Emotional, physical, verbal, mental or sexual abuse of any individual participating/attending an OAAS event/activity will not be tolerated, nor is the use of profanity, crude remarks, or actions.
5. Maintaining the privacy of OAAS participants is essential. Respect will be given to the confidential nature of information received regarding fellow OAAS participants and OAAS program affairs.
6. Any acts of discrimination and/or harassment because of race, nationality or ethnic origin, colour, age, religion, family status, sexuality or disability is unacceptable.
7. Possession and/or use of alcohol, illegal drugs or illegal inhalants is forbidden by participants (regardless of age of majority) at activities held for attendance by OAAS Members. Any disregard for this policy will result in disciplinary action.
8. OAAS participants will regard it as their personal duty to know their OAAS responsibilities thoroughly and are expected to be responsible to their peers.
9. OAAS participants will ensure that outside interests do not jeopardize their judgment and competence as contributing OAAS participants. OAAS participants will strive to the best of their abilities to promote the mission and vision of the OAAS.

**For participants of all ages (Youth (Member and Non-Member) and Volunteers):** I have reviewed this Code of Conduct and I agree to abide by this Code. I understand that any breach of the OAAS Code of Conduct could be cause for dismissing me from the activity and/or from the OAAS program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Signature

**For parents/guardians of participants under 18:** I have reviewed this Code of Conduct with my child and he/she agrees to abide by this Code. We both understand that any breach of the OAAS Ontario Code of Conduct could be cause for dismissing the child from the activity and/or from the OAAS program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of Signature

### **SECTION 6: CONSENT TO PARTICIPATE**

**For participants under 18:** In permitting my child to participate in OAAS activities, I, the undersigned permit my child to participate in the full range of activities. I authorize that if I, the undersigned is incapable or cannot be reached within a reasonable period of time during a medical emergency, as determined by the OAAS, the OAAS is granted permission to designate the emergency personnel to the OAAS Volunteer, in the event of an accident or illness affecting the child to authorize on my behalf all procedures (including admission to the hospital) and necessary treatment herein as he/she may deem essential for the care and well-being of the child. Such action is to be only when immediate contact with the parent/guardian cannot be made.

I have read and understood the above policies and have taken care to notify the OAAS of any special needs/considerations for my child as previously outlined above.

I understand that participating in the OAAS Ambassador Program is voluntary and involves a certain degree of risk concerning some OAAS activities. After considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my child, I grant permission for my child to participate fully in its activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of Signature

**For participants 18 years of age or older, as well as parents/guardians:** I, the undersigned hereby:

1. Consents to the collection of the personal information set out above, including the personal health information, (collectively the "personal information") for the purposes specified;
2. Represents to the OAAS that the personal information is true, complete, accurate and correct;
3. Releases and indemnifies the OAAS from any claims arising as a result of any untruth, incompleteness, inaccuracy or incorrectness of the personal information;
4. Represents that the participant is in good health and is able to participate in all activities of the OAAS Ambassador Program except as noted in the personal information; and
5. Agrees to notify the OAAS if the participant is exposed to an infectious disease at any time during the three weeks prior to the commencement of the activity in which the participant will participate;

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Signature

***Please submit a paper copy with your signature. Send to: [oaasambassadors@gmail.com](mailto:oaasambassadors@gmail.com)***

### **PRIVACY STATEMENT**

**The Ontario Association of Agricultural Societies (OAAS) Privacy Statement** – the OAAS respects the privacy of its members, volunteers, donors, sponsors, staff and stakeholders. We are committed to ensuring that appropriate measures and safeguards are in place to protect specific information held for OAAS programs. We adhere to legislative requirements with respect to privacy. We do not rent, sell or trade mailing lists. If at any time you wish to be removed from any of our contact lists, simply contact us by phone at 613-395-2465 or via our website at [www.ontarioagsocieties.com](http://www.ontarioagsocieties.com). We will gladly accommodate your request. For further information regarding our commitment to privacy, please contact the OAAS at [ExecutiveDirector@oaasfairs.com](mailto:ExecutiveDirector@oaasfairs.com)