

Jill of All Trades Workshop Registration Form

Tuesday, April 28, 2026 - Okanagan College Kelowna Campus - Trades

8:30am - 9:00am: Participant Registration & Continental Breakfast
Event: 9:00 am - 3:30 pm

Jill of All Trades™ is a day-long event to inspire young women in Grades 9-12 to pursue education and careers in skilled trades and apprenticeship. Jill of All Trades™ has been a tremendous success internationally. The event includes many hands-on workshops in the motive power, manufacturing, and construction trades sectors. Female mentors lead these workshops to help young women develop a better understanding of the potential of skilled trades' careers.

Please remember to wear **long pants and closed-toed shoes**

No leggings, yoga, sweatpants, ripped jean, sandals or ballet flats

Please make sure to tie back long hair

Full Name of Student Participant:

Name of High School: _____ Grade: _____

Preferred Shirt Size* (unisex S, M, L, XL): _____

* We will do our best to provide the preferred size - shirt size is not guaranteed

Lunch will be provided to participants. Please list any concerns or preference below:

Dietary Concerns or Allergies: _____

We will do our best to accommodate, but if there are severe dietary concerns, please bring your own lunch as we can not accommodate all dietary requests.

Vegan Meal Option (Yes / No): _____

STUDENT MEDIA RELEASE

Pursuant to Section 39 (2) of the Freedom of Information and Protection of Privacy Act (FIPPA) I, the undersigned, hereby consent to:

- my name
 - a description of me
 - a photograph of me
 - a video, an electronic or other image of me
 - a recording of my voice
 - a quotation or summary of my opinion
- for the uses described below:
- advertising on television, radio, internet, or newspaper
 - Information (e.g. brochure, fact-sheet, poster or other display material)
 - Communications materials (e.g. speeches, news releases, backgrounders)
 - Web, Internet, Intranet based communications materials

I understand the above stated personal information may be used for promotional purposes which includes Okanagan College 's website/publications/broadcasts and/or use by the public media when that media requires my information in connection with the printing / broadcasting of Okanagan -related publicity.

Personal information is collected and used under the authority of the BC Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations there under, and will be protected in accordance with FIPPA. Questions about this collection of information can be directed to Kevin Parnell the Associate Director, College Relations, Okanagan College 1000 KLO Rd. Kelowna BC V1Y 4X8 kparnell@okanagan.bc.ca

To be signed by a student (18 years or over) or parent/guardian to give consent and approve to the above Media Release

I _____ (print full name) **give consent** to Okanagan College and my School Board to the above Student Media Release Statement.

Student's Signature: _____ Date: _____
(If student is 18 or older)

Parent/Guardian's Signature: _____ Date: _____
(If student is under 18)

To be signed by a student (18 years or over) or parent/guardian if consent is **not approved** for the above Media Release.

I _____ (print full name) do not give consent to Okanagan College and my School Board to the above Student Media Release Statement.

Student's Signature: _____ Date: _____
(If student is 18 or older)

Parent/Guardian's Signature: _____ Date: _____
(If student is under 18)

Okanagan College
Assumption of Risk and Release of Liability

*Thank you for choosing to use the voluntary activities with Okanagan College. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following **Assumption of Risk and Release of Liability agreement**.*

Activity: Jill of all Trades
Location: Okanagan College Kelowna
Campus Date(s): April 28, 2026



Assumption of Risk

I, _____ declare that I intend to use some or all of the activities, facilities, programs and services, including participating in the above field activity (“Activities”) offered by the Okanagan College and I understand that each person (myself included), has a different capacity for participating in such Activities. I am aware that all Activities offered are either educational, recreational or self-directed in nature. I hereby freely accept and assume full responsibility during and after my participation in such Activities and for my choices to use or apply, at my own risk, any portion of the information or instruction I receive. I agree that if Okanagan College, in its discretion and on my behalf, should secure any medical advice or services as it, in its sole discretion, may deem necessary for my health and safety, that I shall be financially responsible for such medical advice or services.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in any of the Activities of Okanagan College. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the activities and I realize that I should do so on recognition of any signs of physical discomfort which may include: transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

Additional risks include muscle, tendon, ligament, bone and joint soreness, muscle, tendon strain, tear or rip, bruising, death, skin lacerations, tears, cuts or punctures, shortness of breath, dizziness, fainting or unconsciousness, tightness in chest, bone breaks, discolorations, separations or fractures, fatigue, sweating, eye punctures, heart attack or stroke, aggravation of an existing or past injury, discomfort, or problem with any other injury, discomfort or physical problem associated with physical activity.

Release of Liability

I hereby agree to waive any and all claims that I may have against Okanagan College, its Board of Governors, officers, employees, students, agents, volunteers and independent contractors (the “Okanagan College Parties”). I further release and hold harmless the Okanagan College Parties from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in the Activities, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, pandemic – including, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Activities. This release is effective for the period of time that I will be participating in the Activities. I understand that this agreement cannot be modified or interpreted except in writing by Okanagan College and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS or NEXT OF KIN, MAY HAVE AGAINST OKANAGAN COLLEGE.

Participant Signature: _____

Date: _____

Contact telephone number: _____

Signature of Witness: _____

Witness (Print Name): _____

Date: _____

Parent /guardian of Participant Under Age 19: this is to certify that I, as the parent/guardian with legal responsibility for this participant do understand and agree, on their behalf and my own, to assume all associated risks with the activities, and agree to the release of Okanagan College.

Parent/Guardian Signature: _____

Parent/Guardian Name: (please print) _____ Date: _____

Contact telephone number: _____

Witness: _____

Date: _____

Collection Notice: The personal information requested for this form is collected under the authority of the *College and Institute Act*, and in accordance with the *Freedom of Information and Protection of Privacy Act* (British Columbia). The information will only be used for the College related purposes and contact tracing if required. Contact the Registrar's Office for more information at registrar@okanagan.bc.ca.



PARENT/CAREGIVER FIELD TRIP CONSENT FORM

Please return by: March 11, 2026

Name of student: _____

FIELD TRIP INFORMATION

Level Three (outside of SD22 catchment)

Level Four (overnight, high risk)

Name of school: _____ Grade/class: _____

Level Three and Four Trips:

Students will be going to Okanagan College Kelowna (1000 KLO Road, Kelowna BC)

The trip will be departing from Okanagan College Vernon Campus on April 28 at 7:30 am pm
(7000 College Way, Coldstream, BC)

The trip will be returning to Okanagan College Vernon Campus on April 28 at 4:15 am pm

On this field trip, the supervision ratio will be (students to adults) 25 to 1

Please list additional supervision information below:

Students will depart from Okanagan College Vernon Campus (1000 College Way, Vernon, BC) at 7:30 a.m. and will return to the same location for pickup at approximately 4:15 p.m.

The event takes place from 8:30 a.m. to 3:30 p.m. at Okanagan College Kelowna Trades.

Lunch and snacks will be provided.

Please ensure students wear closed-toe running shoes and appropriate, fitted clothing (no loose or baggy items that could get caught in equipment). Long hair must be tied back.

- I understand that participation in this trip is optional and a privilege. If my child does not participate they will be required to attend school and will be provided with other classroom activities.
- By signing this agreement, I hereby give my consent to allow my child to participate in this school trip.
- I understand this trip will cost the following: \$ N/A

If you have any concerns around the cost of this trip, refer to the school district's [Policy 2.24.0 Financial Hardship](#).

Please list below any **new** allergies or ailments¹ your child is subject to and precautions to be taken:

Please list additional emergency contacts in the event that a family member cannot be reached:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

By signing this I agree to the following:

- I am aware and understand that participation in field trips may involve inherent risks, dangers and hazards. I am aware that certain additional dangers and risks exist, including, but not limited to, injury, damage to personal property, varying weather, encounters with wildlife, falls, exposure to the elements, amongst other unforeseeable events. I agree the activities described in this form are suitable for my child.
- I understand that during any field trip the student may incur additional unforeseen financial expenses required for reasons of safety and I agree to waive and reimburse for any and all claims against the board, its employees and agents for any such expenses that are reasonably required.
- Both my child and I understand that the SD22 code of conduct applies on all field trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their family's expense.

Parent/Caregiver signature

Date

Student signature (if applicable)

Date

¹ The school will have records of pre-existing allergies or ailments that you have already submitted.