Square Circle Circus Program Participation Consent and Release

Participant's Name: _____
Participant's Parent/Legal Guardian: _____
Program: After-School Program 2026-2027
Program Dates: September 2026 - June 2027

Contact Information

Mother/Guardian: _____
Home Telephone #: _____
Cell #: _____

Father/Guardian: _____
Home Telephone#: _____
Cell #: _____

Emergency Contact Information

Name: _____

Relationship to Participant: _____
Telephone #: _____

Provincial Health Insurance Number: _____

Name of Family Physician: _____

Physician Telephone #: _____

Iam the parent or legal guardian of the above-noted participant (the "Participant") who will be participating in the above-noted program (the "Program") during the above-noted dates as offered by Square Circle. In consideration of the Participant being permitted to participate in the Program, I hereby acknowledge and agree as follows:

1. Medical Information

(a) I have set out below a full and complete list of:

(i) Any allergies/special diet: _____

(ii) Any medications currently being taken: _____

(iii) Any existing medical conditions or other factors which could restrict or otherwise impact the Participant's ability to participate in the Program: _____

(iv) Any other relevant health history: _____

(b) Inthe event that the Participant suffers any typeofinjury or illness which requires immediate medical treatment, I consent to and authorize the administration of firstaid and/or medical treatment to the Participant by employees and volunteers of Square Circle who are trained to administer such first aid and/or medical treatment. I do further consent to and authorize employees, volunteers and/or agentsof Square Circle to arrange for ambulance transportation to an appropriate medical facility for the Participant.

2. Consent to use of Participant's Images

(a) I irrevocably authorize Square Circle and its agents to use, reproduce, copy, publish, retouch, edit, exhibit, broadcast, transmit and distribute for any lawful purpose and in any and all media (including but not limited to TV, broadcast, print and the internet) any photos, audio recordings and/or video images of the Participant while participating in the Program, whether posed or candid. I acknowledge and agree that any photos, audio recordings and/or video images of the Participant while participating in the Program will become the property of Square Circle.

3. Camp Field Trips Consent

(a) I authorize the Participant to attend field trips which I acknowledge and agree are off site of the Program location.

(b) I acknowledge and agree that the Participant will travel to such locations by public transit and will be accompanied by an employee or volunteer of Square Circle.

4. Release and Waiver

(a) I confirm that I have provided a complete and accurate health history for the Participant and hereby permit the Participant to participate in the full range of Program activities, except as expressly set out in the health information section of the Program registration form (where applicable).

(b) I acknowledge that by participating in the Program the Participant will be engaging in various physical activities that may involve risks, dangers and hazards including the possibility of personal injury, death, loss or damage to person or property. I acknowledge that Square Circle may fail to predict any and all dangers, risks and hazards associated with the Program and the Program activities. The dangers may include the negligence of other participants and/or negligence on the part of Square Circle, its employees or volunteers, including a failure of Square Circle, its employees or volunteers to protect Participants from risks, dangers and hazards of the activity.

(c) I am aware of the risks, dangers and hazards associated with the Program and the Program activities and I, on my own behalf and the Participant's behalf, freely accept and fully assume all such risks, dangers and hazards including the possibility of personal injury, death, loss or damage to person or property due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care on the part of Square Circle, its employees or volunteers, and including the failure on the part of the Square Circle, its employees or volunteers to safeguard or protect me or the Participant from the risks, dangers and hazards of the Program and the Program activities.

(d) I fully and irrevocably waive and release and forever discharge Square Circle and its directors, officers, employees, volunteers, agents, representatives and sponsors (all collectively referred to as the "Releasees") from any and all actions, causes of action, proceedings, claims, demands and/or damages (whether known or unknown) whatsoever, both in law and in equity, which I and/or the Participant now have or may hereafter have for or by reason of or in respect of participation in the Program including, without limitation for, upon or by reason of any damage, cost, expense, loss or injury to me, including death, or to property.

I agree to hold harmless and indemnify the Releasees from any, and all liability for any property damage or personal injury to any third party resulting from the Participant's participation in the Program and the Program activities.

(e) I acknowledge that I have read, understood and agree with the provisions of this Release and Waiver and that I understand by signing this document, I will waive certain legal rights including the right to sue.

(f) The provisions of this Participation Consent and Release shall ensure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of each of the Releasees and shall be binding upon my

(g) and the Participant's heirs, executors, administrators and personal representatives.

This Participation Consent and Release will be governed by the laws of Ontario. By signing my name, I acknowledge that I have carefully read and understand this form.

(h)

Witness (Signature)

Parent/Legal Guardian (Signature)

Name: _____

Date: _____

MEMBERSHIP
REGISTRATION
CHILD/YOUTH: 0-17

MLSE LAUNCHPAD – RELEASE AND ASSUMPTION OF RISK AGREEMENT

PARTICIPANTS UNDER AGE 18 MUST HAVE THE FOLLOWING WAIVER SIGNED BY A PARENT/GUARDIAN

ALL PARTICIPANTS MUST PRESENT SIGNED WAIVER PRIOR TO PARTICIPATING IN PROGRAMS AT MLSE LAUNCHPAD

I am the parent or legal guardian of _____ *(please print)* (the "Participant"), who desires to participate in programs, events, training, games or activities (each, a "Program") at **MLSE LAUNCHPAD** in Toronto, Ontario ("LAUNCHPAD"). On behalf of the Participant, myself, and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

1. represent and warrant that the Participant is in good health and physical condition and can participate in the Program, and acknowledge and understand that participation in or attendance at the Program involves certain risks and dangers of accidents, serious personal and bodily injury, including death, and property loss or damage either specifically as a result of participation in the Program or related transportation. I understand, have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks and to submit this Release and Assumption of Risk Agreement (the "Waiver");

2. fully and forever release, discharge and indemnify Launchpad, MLSE Foundation, Maple Leaf Sports & Entertainment Partnership ("MLSE"), Toronto Community Housing Corporation, Launchpad's program partners, sponsors, funders and donors ("Partners"), and each of their parent companies, affiliates, subsidiaries, directors, officers, employees, agents, insurers, assigns and successors, together with all Program directors, volunteers, staff, coaches, training and medical personnel (collectively, the "Released Parties") of and from any and all causes of action, lawsuits, losses, damages, injuries (including death) howsoever occurring, whether by negligence or otherwise, claims, demands, sums, costs, expenses (including legal fees), and any other liability of any kind, of or to me or the Participant or any other person, arising out of or in connection with the Program, including, without limitation, participation of the Participant in the Program or Program-related transportation;

3. agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages, which anyone may have, on account of loss, damage or injury sustained by me, the Participant or others howsoever occurring, whether by negligence or otherwise in connection with the Program and I waive any right to do so. This means that I cannot sue or hold the Released Parties responsible for any loss, damage, or injury that I or the Participant may experience related to the Program including, without limitation, transportation;

4. waive my insurers' right to make a claim against the Released Parties based on insurance payments made to me or on my behalf for any reason. This means my insurers have no right of subrogation;

5. agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses (including legal fees) incurred or suffered by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injuries (including death), howsoever occurring, whether by negligence or otherwise, claims, demands, lawsuits, expenses and any other liability of any kind, sustained by me or others in connection with the Participant's participation in the Program. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries the Participant suffers;

6. understand that the Released Parties do not provide any insurance, whether life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection with Participant's participation in and attendance at the Program. If I want insurance of any kind on behalf of the Participant, I must obtain my own. I will pay my own medical

emergency expenses and all subsequent medical expenses in the event of any illness, accident, or injury in connection with the Program;

7. acknowledge that if any portion of this Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Waiver supersedes any oral or written statements made by or to me or the Participant in connection with the Program. I understand that I cannot terminate, cancel or revoke this Waiver for any reason;

8. agree that, in the event that I cannot be reached in a medical emergency, I hereby authorize and permit the Program or Launchpad personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant;

9. give and grant perpetually to Launchpad and its affiliates, licensees, employees, agents and Partners the irrevocable right (including, without limitation, all now and hereafter existing common law, statutory and moral rights) to use the name, address, photograph, image and likeness, and voice of the Participant (the "Attributes") for publicity purposes, commercial or otherwise, in any media without compensation or further notification including, without limitation, the perpetual and unlimited right to reproduce any materials produced by Launchpad incorporating the Attributes, and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform and use for any purpose, in any manner, by any means and in any medium, all or any part of the matter and things referred to in this paragraph. I acknowledge that neither I or the Participant shall have any right, title or interest in or to any materials produced hereunder incorporating the Attributes;

10. further agree that this document is governed by the laws of Ontario and operates to the benefit of the Released Parties as well as their administrators, successors and assigns, and is binding on me and my heirs, administrators, successors, assigns, insurers and estate.

11. Please read each statement and the corresponding documents and check each box in agreement of your acceptance.

Code of Conduct
□ I have read the code of conduct

Anti-Spam Legislation and Consent
□ I consent to receive the MLSE LaunchPad Newsletter, program/event and general updates via email
Canada's Anti-Spam legislation (CASL) came into effect July 1, 2014. CASL requires that we obtain your consent to begin/continue to send you electronic communications.

Email Address: _____

I HAVE READ THIS WAIVER CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS. BY SIGNING THIS WAIVER, I UNDERSTAND THAT I, ON BEHALF OF MYSELF AND THE PARTICIPANT, AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parent or Legal Guardian's Signature: _____

Print Name of Parent or Legal Guardian: _____

Date: _____