



**PROJECT CIPHER INC.
PARTICIPATION AGREEMENT**

PLEASE READ THIS AGREEMENT CAREFULLY AS IT AFFECTS YOUR LEGAL RIGHTS.

This Agreement must be read and signed by the parent or guardian of each participant under 18 years of age (the "Participant").

PARTICIPANT INFORMATION

Name: _____

Address: _____

Date of Birth: _____

Telephone: _____

PERSONAL INFORMATION

By signing this Agreement, I consent to the collection, use and disclosure of the personal information of the Participant. I am aware that the following personal information may be collected before, during or after the Program, including but not limited to:

1. Names of Participant and legal guardians, addresses, phone numbers, age, birth date and health card number; and
2. Photographs or videos of the Participant while taking part in the Program.

The Organization does not sell, trade, or rent any mailing lists. Personal data provided to the organization will be used to:

- Administer the Program, including but without limitation, process and collect fees for service and provide receipts, communicate with the Participant and his/her guardians, and improve future programming and service delivery;
- Procure emergency medical treatment for the Participant in the event of injury, accident or otherwise during the Program; and

In addition, photographs and videos of the Participant may be used for the purposes of marketing the Organization's programs to the Participant, his/her guardians and the general public,

including use and disclosure in print and digital marketing and promotion and public relations materials, and on the Organization's website and social media sites and feeds.

By signing this agreement, I consent to the use of the personal information of the Participant for the above mentioned purposes. I am aware that if I do not consent to the collection and use of the personal information of the Participant for these purposes, I must inform the Organization in writing and, if the personal information is necessary for administration of the Program or procurement of medical treatment, the Participant may not be able to participate in the Program.

Please note: the media may be present at various times during the Program. It is the Participant's responsibility to avoid media attention if such attention is not welcome.

TRANSPORTATION

As parent/guardian, I give my permission and/or acknowledge that (please check all that apply):

☐ I will be responsible for drop-off and pick-up of the Participant from Program.

☐ (NAME) _____ will drop-off the Participant for Program.

☐ (NAME) _____ will pick-up the Participant from Program.

☐ The Participant is at least 12 years old, and I give him/her permission to sign him/herself out at the end of the Program day.

I acknowledge and agree that, once signed out by any of the above persons, including the Participant him/herself, the Organization is no longer responsible for the Organization regardless of whether s/he leaves the Program area or the Organization property.

MEDICAL EMERGENCY CONTACT INFORMATION

In the event of injury, accident or otherwise, the Organization may provide basic first aid or procure medical treatment for the Participant from a nurse, doctor, hospital or clinic chosen by the Organization, in its discretion. I agree to be responsible for any and all costs associated with such treatment.

The Organization will use reasonable efforts to contact the following persons in the event of a medical emergency. If the injury is not deemed to be a medical emergency by the Organization, the person picking up the Participant at the end of the day will be informed of the injury and treatment provided.

Primary Contact

Name: _____

Relation to Participant: _____

Telephone: _____

Secondary Contact

Name: _____

Relation to Participant: _____

Telephone: _____

INFORMED CONSENT AND WAIVER OF LIABILITY

In consideration of Project Cipher Inc. permitting the Participant to participate in the Program, I, on my own behalf and on behalf of the Participant, his or her heirs, successors and personal representatives (collectively, the "Releasors"), hereby irrevocably and unconditionally agree to be bound by the following:

1. **DISCLAIMER:** Project Cipher Inc. and the Corporation of the City of Brampton, their officers, employees, representatives, students, volunteers, successors, affiliates and/or assigns (the "Releasees") shall not be responsible for any harm, loss or injury, including death, suffered by the Participant or any other person, at any time for any reason whatsoever, whether reasonably foreseeable or not including, without limitation, any harm, loss or injury, including death, caused by negligence on the part of the Releasees in connection with the Program.
2. **RELEASE:** I, on my behalf and on behalf of the Participant and other Releasors, hereby release and forever discharge the Releasees and each of them from any and all suits, actions, causes of action, claims or demands of whatsoever kind and howsoever arising in relation to the Program, whether known or unknown, whether reasonably foreseeable or not and which the Releasors now have or at any time hereafter may have from any cause matter or thing whatsoever relating to the Program.
3. **INDEMNITY:** I hereby covenant and agree with the Releasees that I, on my behalf and on behalf of the Participant and other Releasors will at all times hereafter indemnify and save harmless the Releasees and each of them from all suits, actions, causes of action, claims or demands of whatsoever kind and howsoever arising, whether known or unknown, whether reasonably foreseeable or not, whether arising from the negligence of the Releasees or otherwise, which may be made or brought against the Releasees in any way arising out of the participation of the Participant in the Program or otherwise arising, including the costs of defending any such suits, actions or claims on a substantial indemnity basis.

Signed, this _____ day of _____, 2017.

Name of Parent or Guardian: _____