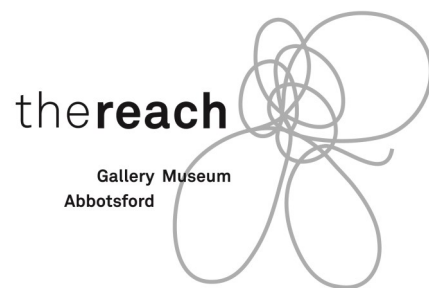


# Programs at The Reach



Program Name: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

1) Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

2) Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

3) Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Please list 2 alternate contacts in case of emergency

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

## Photography / Video Release and Assignment

I hereby irrevocably consent to and authorize The Reach Gallery Museum Abbotsford [The Reach], its agents or assigns, the irrevocable and unrestricted right to use and publish images and audio of my child(ren) [“the Images”] for editorial, trade, advertising, promotion or any other lawful purpose in any manner or medium, and to alter the same without restriction without the payment of any compensation. Further, in favour of The Reach, I do hereby:

- 1) waive any right to notice or approval of any use of the Images;
- 2) Release The Reach and its agents or assigns from all claims and liabilities relating to the Images of my child(ren) or by virtue of alteration, processing or use in composite form;
- 3) release all intellectual property rights, including copyright, which I have in or to the Images; and
- 4) assign to The Reach all moral rights which I have in or to the Images.

For Participants of Minority Age Listed Above:

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to the Release and Assignment, as stated above, regarding my/our child's involvement in the taking and use of the Images as stated above.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

# Waiver and Release of Liability

Note: This document must be read in its entirety and signed before any child's enrollment in a program at The Reach

In consideration for having your child enrolled in a program at The Reach the undersigned acknowledges, understands and agrees that:

## Acknowledgement and Acceptance of Risk:

1: Due to the active nature of programs, the risk of injury exists, and no preplanning, rules or equipment can remove all risk, therefore in allowing my minor to participate in programs, my child is subject to such risk of potential injury. I knowingly, willingly and voluntarily assume all such risks of injury on behalf of my child, both known and unknown, regardless of severity of risk and/or injury, even if arising from the negligence of The Reach or any of its agents. I am voluntarily permitting my child to participate in program activities with the knowledge that there may be hazards involved; and

## Release of Liability

2: I do hereby further declare my child to be physically sound and suffering from no condition, impairment, disease or infirmity or illness that would prevent him/her from participating in all program activities. I acknowledge that I have decided to all my child's participation in programs without the approval of my physician and do hereby assume all responsibility for my child's participation in all program activities; and

3: I, for myself, my child and on behalf of my child's heirs, assigns, personal representatives and next of kin (collectively referred to as "I", hereby release The Reach and any of my agents from any and all responsibility or liability whatsoever with respect to disability, death or any and all injury, loss or damage to person or property whether caused by negligent act or omission of The Reach or any agents; and

4: I do hereby agree to indemnify and hold harmless The Reach and any agents, of any causes of action, claims, demands, losses or cost of any nature whatsoever arising out of or in any way related to my child's participation in a program; and

## Waiver

5: I hereby waive all rights to file or prosecute any civil action against the The Reach and any agents, for disability, death or any injury, loss or damage to person or property in any way related to or resulting from a program.

I have read this agreement and fully understand the terms specified in items 1 through 5 listed above, and I am freely and voluntarily, agreeing to such terms by signing below, thereby executing this agreement at the City of Abbotsford, in the Province of British Columbia, on this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

This is to certify that I, as a parent/guardian with legal responsibilities for the above-noted participant and for myself, my heirs, assigns and next of kin, hereby consent and voluntarily agree to all terms and conditions set forth in the above agreement with respect to my minor child's use of the facilities and any and all liabilities resulting from this use, by signing below.

In the event of illness or injury while at a program, I do hereby consent to and permit emergency treatment.

Signature: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_