



RELEASE & WAIVER FORM

For participants Under the Age of Majority in the Province in which the Athletic Activities are provided by the Organization

Name of Participant: _____ Male _____ Female _____

Date of Birth (Month/Day/Year): _____

In case of and emergency, please contact:

Name: _____ Phone #: _____ Relationship to Player: _____

In order for the staff to provide the best care for the participant, the following information would be useful:

1) Please list any previous injuries of which we should be aware:

2) Does the participant have allergic reactions to such things as drugs, food, insect stings, etc.? If so, list, giving type of reaction, treatment, etc.

3) Is the participant subject to any medical &/or chronic conditions or recent illnesses? Yes No If yes, please specify details of condition, treatment, medication, etc.

Date of last tetanus shot: _____ Are corrective lenses required? _____ Contact lenses? _____

NOTE: IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO UPDATE THIS FORM IN THE EVENT OF NEW INFORMATION. EVERY CARE AND ATTENTION WILL BE GIVEN TO THE HEALTH AND COMFORT OF THE PARTICIPANTS.

I hereby authorize a Bryst International Inc. representative or staff member to secure such medical advice and services as may be deemed necessary for the health and safety of my child. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health. I understand that it is my responsibility to update this information as required.

Personal Information

I consent to the collection and use by Bryst International Inc. of all the information in this form, including all attachments and related documents that may be requested by Bryst International Inc. in conjunction with this form (the "Information and Documentation"). The Information and Documentation is collected by Bryst International Inc. solely for the purposes of conducting and administering training programs.

I consent to the disclosure by Bryst International Inc. of this Information and Documentation to such third parties for the purposes of conducting and administering the training programs.

Questions concerning the collection, use or disclosure of personal information or the privacy policies and procedures at Bryst International Inc. should be directed in writing to the Privacy Co-ordinator, Bryst International Inc. 2525 Vivian Rd RR #3, Newmarket, Ontario, L3Y 4W1.

Photographic Permission

Bryst International Inc. may wish to use photographs containing your child's images for promotional, advertising and/or public relations purposes. Such photographs may be included in Bryst International Inc.'s program brochures, posters, Web-site and/or newspaper advertisements. Bryst International Inc. will incur the full costs of such photography, including development and printing of relevant photographs. No child's names will be used in any print or electronic material except in the case of a video where the child is being interviewed.

I give my permission for my child's photograph(s) to be used by Bryst International Inc. for promotional, advertising and/or public relations purposes.

I acknowledge that all photographs, advertisements, Web site materials and related records and documents used in, arising out of or related to Bryst International Inc.'s promotional, advertisings and/or public relations activities shall remain the exclusive property of Bryst International Inc. who shall own all copyright.

I also waive any and all rights to any personality rights of my child to Bryst International Inc. for use on Bryst International's Web-site or in any other promotional, advertising or public relations materials.

I reserve the right to withdraw my permission at any time. If I wish to withdraw my permission, I will make such a request in writing to Bryst International Inc.

I understand that this form is valid for all Bryst International Inc. programs up to and including my child's 18th birthday. Print Name: _____

Parent/ Guardian Signature: _____ Dated: _____