



PART A: MEMBER INFORMATION – PLEASE PRINT

Member First Name	Member Last Name	Birth Date MM/DD/YY	Gender
Address	Apt/Unit #	Postal Code	City
Email	Cell Phone	Home Phone	School
Grade			
Any Accessibility Needs?			
Reason for Being Here			
<input type="checkbox"/> Sport <input type="checkbox"/> Mental Wellness Support <input type="checkbox"/> Academic Support <input type="checkbox"/> Employment Support <input type="checkbox"/> Other: _____			
How Did You Hear About MLSE Launchpad?			
<input type="checkbox"/> Community Agency <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Internet <input type="checkbox"/> School <input type="checkbox"/> TCHC <input type="checkbox"/> Other: _____			

PART B: EMERGENCY CONTACT INFORMATION

<u>Emergency Contact 1</u>			
First Name	Last Name	Cell Phone #	Relationship
<u>Emergency Contact 2</u>			
First Name	Last Name	Cell Phone #	Relationship



PART B: EMERGENCY & AUTHORIZED PICK UP INFORMATION

Please provide the names of any adults (in addition to the emergency contacts listed above) who can pick up the child and may be contacted in case of emergency if a parent/guardian is unavailable. Only adults indicated on this form will be allowed to pick up the child from the program.

1. First Name Last Name Phone Relationship

2. First Name Last Name Phone Relationship

Arrival and Dismissal

An adult will pick the child up from the program each day Yes No

The child may travel to and from the facility independently Yes No

PART C: MEDICAL

ALLERGIES

Plants Animals Food Molds Drugs Bees Other

Please describe the allergic reaction and the treatment for **each** checked allergy:

MEDICATION

Do you take any medication? Yes No

If yes, name of medication/reason:

Will medication be needed at MLSE LaunchPad? Yes No



MEMBERSHIP REGISTRATION

CHILD/YOUTH: 6-17

Membership Card Number:

MLSE LAUNCHPAD

COVID-19 AND SPORTS PARTICIPATION RELEASE AND WAIVER AGREEMENT

Name of Participant: _____ (the "**Participant**")

Name of Parent or Guardian: _____ (the "**Parent**")

Name of Program: **MLSE LaunchPad** (the "**Program**")

TO THE PARTICIPANT AND THE PARENT: READ THIS DOCUMENT CAREFULLY BEFORE AGREEING TO ITS TERMS. THIS DOCUMENT MAY AFFECT YOUR LEGAL RIGHTS AND MAY ELIMINATE YOUR ABILITY TO BRING LAWSUITS IN THE FUTURE IF YOU BECOME SICK OR INJURED WHILE ATTENDING THE PROGRAM OR ENGAGING IN PROGRAM-RELATED ACTIVITIES. BY SIGNING THIS AGREEMENT, YOU ARE ACKNOWLEDGING THAT PARTICIPANT AND PARENT HAVE REVIEWED, UNDERSTOOD AND AGREED TO THE TERMS BELOW, AND THAT YOU HAVE HAD THE OPPORTUNITY TO CONSULT WITH A LAWYER OF YOUR CHOICE REGARDING ITS TERMS.

Preamble As a condition for the Participant being allowed to participate in the Program, the Parent and the Participant, on behalf of themselves and their Related Persons (as defined below), consent and agree to the following terms. As used in this Agreement, the term "**Related Persons**" shall mean a Parent's or Participant's heirs, assigns, executors, administrators, next of kin and other persons acting or claiming to act on their behalf.

1. **Acknowledgment of COVID-19 Risks.** Participant and Parent understand that (a) the novel coronavirus SARS-CoV-2 and any resulting disease (together with any mutation, adaptation or variation thereof, "**COVID-19**") is extremely contagious and there is an inherent risk of exposure to COVID-19 in any place where people are present; (b) no precautions, including the protocols that will be implemented by the Program, Maple Leaf Sports & Entertainment Partnership ("**MLSE**") and/or third parties (such as by federal, provincial or municipal governmental agencies) (collectively, the "**COVID-19 Protocols**"), can eliminate the risk of exposure to COVID-19; (c) people of all ages and health conditions, including healthy young people, have been adversely affected by COVID-19; (d) certain people have been identified by public health authorities as having greater risk based on their age or underlying medical conditions; and (e) exposure to COVID-19 can result in being subject to quarantine requirements, illness, disability, and other short-term and long-term health effects, including death, regardless of a person's age or health condition. Participant and Parent also acknowledge that the COVID-19 Protocols may prove inadequate to prevent the exposure and transmission of COVID-19 and that it is possible that from time to time persons present at the Program may not comply fully with the COVID-19 Protocols. Participant and Parent understand that the implementation of the COVID-19 Protocols does not guarantee that Participant will not (i) be exposed to or contract COVID-19 as a result of his/her attendance at the Program or (ii) pass COVID-19 on to others, including Parent and other family members of Parent or Participant. Participant and Parent understand and knowingly and voluntarily assume all risks related to traveling to and from, and practicing and playing games at the Program. Those risks may include an increased risk of exposure to illness (including, but not limited to, COVID-19), personal injury, disability, and other short-term or long-term health effects including death, which might result not only from Participant's own actions, inactions or negligence, but from the actions, inactions or negligence of any of the Released Parties (as defined below). The Participant and the Parent accept that they have personal responsibility for any and all costs and expenses, damages, liability, and other losses that Participant, Parent or any Related Persons may incur in connection with the risks described above.



2. **Acknowledgement of Program Participation Risks.** There are inherent risks that come with participating in the Program. Inherent risks are risks that cannot be eliminated completely regardless of the care and precautions taken. For example, the Program may test Participant's physical limits, which creates an inherent risk of physical injury. Other inherent risks include contact or collision with other persons or objects, head injury, inadequate or negligent first aid or emergency measures, weather-related hazards, and natural hazards. Participant and Parent understand and acknowledge that any of these risks, and others not specifically listed here, could cause injuries that may be minor (for example, scrapes, bruises, sprains, nausea, cuts), serious (for example, property loss or damage, broken bones, fractures), or catastrophic (for example, rare occurrences of permanent disabilities or death). The Participant and the Parent accept that they have personal responsibility for any and all costs and expenses, damages, liability, and other losses that Participant, Parent or any Related Persons may incur in connection with the risks described above.

3. **Participant Acknowledgements.** Parent and Participant acknowledge that the following statements are true and accurate and that no Released Parties (as defined in paragraph 4 below) can be held responsible in any way if they are not: (i) Participant and Parent have consulted with Participant's own doctor to ensure that his participation in the Program will not pose any unusual risks to his/her health and well-being, (ii) Participant is in good condition physically and has not been advised or cautioned against participation in the Program by his/her doctor or any other medical practitioner, and (iii) Participant is covered by medical insurance. Parent and Participant authorize the Released Parties to secure emergency medical care or transportation (i.e., EMS) for Participant when deemed necessary by the Released Parties at the sole cost of Parent and Participant.

4. **Release, Waiver and Covenant Not to Sue.** For purposes of this Agreement, (i) the term "**Released Parties**" shall mean MLSE 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 and (ii) the term "**Claims**" shall mean any and all liability, lawsuits, causes of action and claims for damages, costs or expenses, whether past, present or future, and whether known or unknown.

Parent and Participant, on their own behalf, and on behalf of their Related Persons, hereby knowingly, voluntarily and irrevocably and forever release, waive and discharge (and covenant not to sue), each and all of the Released Parties from (or with respect to), all Claims, including, but not limited to, Claims arising out of or in connection with my death, personal injury, illness, disability, suffering of short-term or long-term health effects, or loss of or damage to property, which Parent, Participant and any Related Persons may have or hereafter accrue against any of the Released Parties as a result of or that relate in any way to (i) Participant's exposure to COVID-19; (ii) Participant's attendance at the Program and participation in activities at or related to the Program; (iii) Participant's travel to or presence at the Program; or (iv) any of the risks identified above in paragraphs 1 and 2 of this Agreement. Parent and Participant understand that this release, waiver and covenant not to sue includes any Claims based on the negligence, action or inaction of any of the Released Parties and covers Claims of any sort, whether suffered before, during or after Participant's participation in the Program.

7. **Governing Law.** Parent and Participant agree that this Agreement shall be governed by the laws of the Province of Ontario, without regard to choice of law principles.

8. **Severability.** Parent and Participant agree that if any part of this Agreement is declared illegal, unenforceable or ineffective to any extent, that part of the Agreement shall be modified, if possible, in order to achieve the intentions of the



parties, and, if necessary, that part of the Agreement shall severed from the rest of the Agreement, so that all of the other provisions contained in this Agreement shall remain valid and binding.

PARENT/GUARDIAN MUST COMPLETE: I affirm that I am the parent or legal guardian of the Participant and I have the authority to give consent to the above Agreement. I HAVE READ THIS AGREEMENT CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS. BY SIGNING THIS AGREEMENT, I UNDERSTAND THAT I, ON BEHALF OF MYSELF AND THE PARTICIPANT, AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I understand that this Agreement is a material inducement for Participant's ability to participate in the Program and that the Released Parties are relying upon it. I also agree that no promises, statements or inducements contrary to anything contained in this Agreement have been made by any of the Released Parties. I acknowledge that Participant and I have had the opportunity to seek legal advice regarding this Agreement from a lawyer of my choice.

Relationship
to Participant:

Print Name:

Address:

City:

Province:

Postal
Code:

Phone:

Email:

Signature:

Date:



MEMBERSHIP REGISTRATION

CHILD/YOUTH: 6-17

Membership Card Number:

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;



MEMBERSHIP REGISTRATION

CHILD/YOUTH: 6-17

Membership Card Number:

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 and signed the code of conduct

Email Communication

I consent to receive information regarding MLSE LaunchPad programs/events 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.

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: _____



MLSE LAUNCHPAD CODE OF CONDUCT

The staff of MSLE LaunchPad is committed to providing a safe and enjoyable experience for all members. However, members are also responsible to assist in these efforts. **Parents are responsible to make sure their child understands the guidelines below. You must review this code of conduct.**

BEHAVIOUR

1. Members must respect each other.
2. Members will not tease or bully each other for any reason.
3. Members must respect others and their property. Members will refrain from touching others in any harmful or inappropriate way.
4. Members will not use foul or offensive language.
5. Members will follow directions the first time they are given.
6. Members must listen to their instructor and/or visiting instructors.
7. Members must respect and protect MLSE LaunchPad property.

SAFETY

8. Members will sign-in and sign-out with the staff each time they visit MLSE LaunchPad.
9. Members will adhere to all safety rules and regulations

GENERAL

10. Members are expected to wear appropriate clothing, including non-marking footwear that is closed-toe/closed-heel.
11. Members must inform staff if they are experiencing a problem with another member or guest. If we are not informed, we cannot help to solve the issue.
12. Members will attend registered programs regularly or will be removed for the program roster.

I have read the above MLSE LaunchPad Member Code of Conduct. I agree to adhere to all the above to ensure that my program experience as well as other members' in attendance at MLSE LaunchPad is a positive one. **I understand that failure to adhere to these rules may result in my dismissal from the program and facility.**

Member Signature:	Date:
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I understand and certify that my child's participation at MLSE LaunchPad and its activities/programs is completely voluntary. I have familiarized myself with the programs and the activities in which my child will be participating. I recognize and have instructed my child in the important of knowing and abiding by the members' Code of Conduct for safety of all members.

Parent Signature:	Date:
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