

PERMISSION, RELEASE AND ELIGIBILITY FORM

FOR PARENTS OF MINOR PARTICIPANTS:

I /We, the undersigned parents/legal guardians of the minor participant (the "participant") who will be participating in a program provided by Markham Basketball Youth Program ("the Program") at any facilities authorized by Markham Basketball Youth Program and/or Federation of Chinese Canadians in Markham. ("FCCM"), hereby acknowledge that I/we understand that we have been offered to have the participant participate in the Program provided by Markham Basketball Youth Program and/or FCCM.

I/We understand that in this Form, "the Program" includes Markham Basketball Youth Program, Federation of Chinese Canadians in Markham, its employees, officers, directors, partners, mandataries, representatives, agents, servants, subsidiaries, shareholders, parent or affiliate corporations, successors, assigns, and any volunteers. I/We also understand that the participation in the Program involves the Participant's use of facilities and equipment at the Program and the Participant's participation in the activities offered at the Program.

In consideration of the right of the individual listed below (the "Participant") to participate in the Markham Basketball Youth Program, I hereby give permission for the Participant, who is my child or ward, to participate in the Program. Further, I hereby:

1. (a) acknowledge that the Participant's participation in the Program involves risk of serious bodily injury, death, property damage and/or other harm which might result not only from the Participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the conditions of the premises or of any equipment used and that there may be other risks not known or reasonably foreseeable at this time; and (b) accept sole responsibility for all of the hazards and risks to Participant and Participant's property associated with or related to Participant's participation in the Program and for any damage or injury that Participant may cause to others;
2. (a) release, waive and forever discharge any and all claims of damages or causes of action, including but not limited to, death, personal injury or loss or damage to property, which I, the Participant or any of the Participant's representatives, heirs, next of kin or assignees ("Participant's Representatives") may have or which may hereinafter accrue to me, the Participant or Participant's Representatives as a result of the Participant's participation in the Program or otherwise and which may be asserted by me, the Participant, or Participant's Representatives against Federation of Chinese Canadians in Markham. ("FCCM"), Markham Basketball Youth Program, a division of FCCM Sports and Recreational Division, any of its member teams and each of their respective related entities, subsidiaries and affiliates and each of their respective officers, directors, officials, successors and assigns (collectively, the "Released Entities"), whether caused by the acts, omissions or negligence of the Released Entities or by any other person or entity and (b) agree to indemnify and save and hold harmless the Released Entities and each of them from any loss, liability, damage or cost they may incur due to my participation in or otherwise in connection with the Program, whether caused by the negligence of any of the Released Entities or otherwise;
3. grant permission to the Released Entities to utilize Participant's name, voice, statements, photograph, image, likeness, actions at the Program and/or Participant's biographical data in any live or recorded form (including, but not limited to, any form of video display or other transmission or reproduction), in whole or in part, for promotional, commercial or any other purpose, in perpetuity worldwide in any media whether now known or hereafter created without any additional consideration;
4. (a) represent and acknowledge that Participant is in excellent physical health, and has no physical limitations that would prevent the Participant from participating in the Program; and (b) grant the Released Parties and their designees permission to provide the Participant with emergency medical treatment;
5. agree that any violation of the rules of the Program by the Participant or any behaviour or health status that puts the Participant or others at physical or emotional risk will result in immediate dismissal from the Program at the discretion of the Program management;

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6. (a) To the best of my knowledge, the Participant does not suffer from any contagious diseases and is physically capable of participating in all Program activities. Should the Participant contract a communicable disease prior to the commencement of the Program or experience any alteration in health status, I shall promptly notify the Program administration. Furthermore, all ongoing medical conditions requiring continuous medical attention have been fully disclosed on the designated medical disclosure form. (b) I authorize the disclosure of all pertinent health and personal care information concerning the Participant to appropriate Program personnel and external medical providers as necessary. I also grant permission to the Program Directors, or their designated representatives, to administer both over-the-counter and prescription medications, as well as to provide routine health care pursuant to medical directives issued by a licensed physician. (c) In the event of an emergency where I cannot be contacted, I hereby authorize medical treatment for the Participant, as deemed necessary by medical professionals selected by the Program, including, but not limited to, hospitalization, the administration of medications, anesthesia, surgery, or blood transfusions, at my expense.
7. acknowledge that the Released Entities are relying on the grant of rights contained herein. By accepting this form, I/We are indicating my/our acknowledgment and acceptance of all of the above and assumes full responsibility for payment and acknowledge that I/We have read and understood all the Program’s policies and the Program can rely on all representations made and information given.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE RULES AND CONDITIONS.

Participant Information			
Program		Age Group	
First Name		Last Name	
Gender		Date of Birth	
Home Address			
Does the participant have any health concerns, medical conditions, dietary restrictions, or allergies that the program should be aware of?			
If yes, please provide detailed information: (Required if "Yes")			
Emergency Contact Information			
First Name		Last Name	
Contact Phone Number		Relationship to Participant	

Signature of Parent or Guardian : _____ **Date :** _____