

RELEASE, WAIVER, CONSENT and INDEMNIFICATION FORM

I hereby give consent for child/children/ward(s) to participate in the Program and/or Services offered through Regina Exhibition Association Ltd ("REAL").

I UNDERSTAND that my child/children/ward(s)' participation in Camp may include risks and dangers, including risk of personal injury and bodily harm ("harm"). I **ACKNOWLEDGE** that my child/children/ward(s)' participation is voluntary, and with my informed consent to the above risks and dangers.

IN CONSIDERATION of my child/children/ward(s)' participation in Camp, I **DO HEREBY**:

- a. **WAIVE** any and all claims (including claims in tort, contract or law, and claims for consequential loss and damage) that I or my child/children/ward(s) may have against REAL or its employees, servants or agents in connection with any harm to my child/children/ward(s), and any arising as a result thereof;
- b. **RELEASE** REAL, its employees, Board of Directors, servants or agents (the "Releasees") from and against any liabilities, losses, damages, claims, causes of action, costs and expenses relating to any harm to my child/children/ward(s) (notwithstanding foreseeability or cause, including causes of negligence, breach of contract or breach of statutory duty), arising out of or in connection with my child/children/ward(s)' participation in Camp;
- c. **AGREE** to hold harmless and indemnify the Releasees from liability for any harm to my child/children/ward(s) and any loss or damage to property arising during Camp, or from my child/children/ward(s)' participation in Camp.
- d. In case of an emergency regarding my child/children/ward(s), I understand every effort will be made to contact me. **I hereby give permission to REAL staff, licensed emergency and health care personnel to provide treatment/services they deem necessary with respect to my child/children/ward(s).** In the event of medication, medical advice, treatment and/or equipment are required; I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that all medical information provided by the Guardian/Parent to REAL may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the Participant without legal or financial obligation to REAL.
- e. **I understand that it is my responsibility to advise the REAL of any Medical Information with respect to my child/children/ward(s) that the REAL staff should be aware of.** I understand and agree that REAL will disclose this medical information as required to appropriate REAL staff. I understand that REAL staff may not be medical professionals. I agree that my child/children/ward(s) is medically fit to participate in the Program. I understand that medical and/or personal information will be stored in a REAL database and/or in paper form at a physical location at REAL.
- f. **I consent to have my child/children/ward(s) photo taken and published.** Photos or videos taken during REAL Kids programs may be used for promotional purposes in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use. I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photographs and/or videos.

I have read, understood and agree to the terms of this agreement. I hereby execute this release, waiver and indemnification on my own behalf, on behalf of the Participant, and on behalf of our respective heirs, successors, representatives and assigns and I knowingly assume any inherent risks of the Program.