



## Waiver - Parent/Guardian Permission Form

(This form to be used for minors only)

As the parent or legal guardian of \_\_\_\_\_, I hereby grant permission for said child or children to participate in a Teens Club event organized and run by the Canadian Alopecia Areata Foundation ("CANAAF") on April 27th, 2019 and I hereby agree as follows:

- (i) I am aware that CANAAF is an organization of volunteers who organize and involve the participation of children of various ages who have alopecia areata;
- (ii) I consent to my child or children being enrolled in the Teens Club event and have signed the waiver required by the Mystery Rooms Limited;
- (iii) my child is in good health for the activity in which he/she will participate. I have advised CANAAF of any allergies or health concerns regarding my child and am aware of the risks to my child in participating in this event. My child/ren have the following allergies or health concerns:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

- (iv) I permit the use of any photos, slides, films, or sketches of him/her taken during the conference's activities for publicity, advertising, promotion or other commercial purpose;
- (v) I fully and finally release CANAAF and any and all of their directors, officers, employees, volunteers and other assistants from any and all liability for any injury, harm, and loss we suffer or may suffer in any way associated with my minor child's participation in this event;
- (vi) the above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE TO THE TERMS AND AGREE FOR MY CHILD TO PARTICIPATE IN THE CANAAF KIDS' CLUB EVENT/ TEENS' CLUB EVENT AND I AGREE TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NAME (PRINTED), RELATIONSHIP TO CHILD, CELL NUMBER

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
WITNESS (PRINTED NAME)