

SKILLS CANADA-ONTARIO PARTICIPANT CONDITIONS

for 2009-10 PROGRAMS AND COMPETITIONS

Participant/Competitor:
School Board:
School:
Event Name:

As a participant (the "Participant") and/or parents/guardians of a Participant (collectively, the "Parents"), in any 2009-10 Programs and/or Competitions (the "Event"), we have read, understand and by signing the individual registration form for the Event agree to the following terms:

PRIVACY STATEMENT

Skills Canada-Ontario respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up-to date on the activities of Skills Canada-Ontario, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at (519) 749-9899 ext. 229 or e-mail gails@skillscanada.com, and we will gladly accommodate your request.

LIABILITY & MEDICAL RELEASE

In consideration of the Participant's participation in the Event and the sum of \$1.00 paid by Skills Canada-Ontario to the Participant and the Parents (the receipt and sufficiency of which is hereby acknowledged), we hereby agree to the following: (a) to assume all risk of loss, including personal injury, death or loss or damage to property incurred by the Participant while attending the Event, including, without limitation, travel to and from the Event, or the conduct of Skills Canada-Ontario, its directors, officers, members, employees or agents (individually or collectively, the "Group") including the Group's negligence or gross negligence, and hereby releases the Group from all liability for such loss; except to the extent the Group is covered by a policy or policies of insurance in respect of such loss (which the Group may or may not have and the amount and terms of which are at the sole discretion of the Group); and (b) to indemnify and save the Group harmless from any claim (i) for loss, damage, actions, rights of action, costs, participation expenses or judgments in excess of any applicable insurance coverage the Group may have, which claim the Participant or the Parents may make as a result of the Participant's participation in the Event or the conduct of the Group and (ii) any breach of any representation or warranty by the Participant or Parents contained herein.

If this form is executed by the Parents, the signatories hereby represent and warrant that they are the sole parents or guardians of the Participant and that there are no other parents or guardians of the Participant whose signature is required. We do voluntarily authorize Skills Canada-Ontario to obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the named person as deemed necessary or reasonable in medical judgement.

RELEASE OF INFORMATION/PHOTOS

We understand and agree to the release of information pertaining to the Participant's participation in the Event including the Participant's name, occupation, status as an apprentice, and standing in the Event to my local Member of Parliament and/or Member of the Provincial Parliament. We also understand and agree to the release of the Participant's name to the media/press and only as it relates to the Participant's participation in the Event. The Participant hereby grants to Skills Canada-Ontario a royalty-free, perpetual license in all of the right, title and interest in still photographs and videotapes of the Participant taken during the course of the Event and all intellectual property rights therein and waives and agrees to waive all moral rights therein.

Agree: _____ Disagree: _____ (Please initial one)

CODE OF CONDUCT

Skills Canada-Ontario wants every Participant to have an enjoyable experience with maximum attention to safety and comfort. To receive maximum benefit from your participation, the "Code of Conduct" has been established by Skills Canada-Ontario and must be adhered to. It should be noted that your assignment is voluntary, and as such you agree to abide by the official Skills Canada-Ontario rules and regulations or forfeit your personal rights to attend and participate. We are proud of our students, and know that by signing and returning the individual registration form for the Event you agree to this 'Code of Conduct'.

1. The Participant's conduct shall be exemplary at all times.
2. We have read and understand the official rules and regulations of the Event.
3. The Participant will, at all times required, wear his/her official identification badge.
4. The Participant will attend all activities for which he/she is assigned and registered and will be on time.
5. The Participant will not engage in any form of dishonest conduct while competing and acknowledge that Skills Canada Ontario has zero tolerance for cheating.

It is with the spirit of being a proud and meaningful associate and/or member that we agree to these rules of conduct. Having read and understood completely the foregoing, we do hereby agree to follow the procedures and practices described.

TOOLS, EQUIPMENT & MATERIALS

PLEASE NOTE THAT ALL PERSONAL TOOLS, EQUIPMENT & MATERIALS ARE THE RESPONSIBILITY OF THE PARTICIPANT INCLUDING, WITHOUT LIMITATION, ANY LIABILITY AS A RESULT OF ANY LOSS OR DAMAGE OF SUCH. SKILLS CANADA-ONTARIO WILL NOT BE PROVIDING A STORAGE AREA.

ALL MATERIALS AND FINISHED PRODUCTS AND ANY INTELLECTUAL PROPERTY RIGHTS THEREIN ARE THE SOLE PROPERTY OF SKILLS CANADA-ONTARIO AND THE PARTICIPANT HEREBY WAIVES ANY MORAL RIGHTS THEREIN.

****A minimum score of 60% will be required to receive any medal or ribbon.

AGREEMENT TO PARTICIPATE/BE PHOTOGRAPHED/WAIVER

I have read and understand the rules and conditions of participation as set out in this form and I agree to them.

Signature of Student/Competitor: _____

Signature of Parent/Guardian**: _____

Date: _____

** If you are under 18 years of age, permission by a parent/guardian is required to participate

PLEASE FAX THIS SIGNED FORM TO SKILLS CANADA - ONTARIO, (519)749-6322 TO CONFIRM YOUR PARTICIPATION