



Robo Rumble Rivals Consent Form

TERMS AND CONDITIONS:

- I acknowledge my right to obtain as much information as I require about the program/activity associated risks and hazards including information beyond that provided to me by Mastermind Youth Foundation.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer injury arising from their participation.
- My child has been informed that they're to abide by the rules, including directions and instructions from the staff over all phases of the program. I understand that they will show respect for staff, other participants, and physical property.
- In the event my child fails to abide by these rules, disciplinary action may require their exclusion from further participation, or that I be contacted to have them picked up, unless I have specified other transport arrangements. I will be responsible for any costs associated.
- I acknowledge that it is my duty to advise program leaders of any medical/health concerns of my child each day that may affect his/her participation.
- I acknowledge that the organization may choose to cancel the program/activity if conditions are deemed unsafe (e.g., weather, health advisory). I accept that the organization will not be liable for any costs associated with such a cancellation.
- I acknowledge that the mentors and supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- I will assess my child every day for cold, flu-like symptoms, such as fever, chills, cough, shortness of breath, sore throat, and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue, sore stomach, or loss of appetite. I will commit to keeping them home if any of these symptoms are present.
- I will ensure that my child has everything that is needed prior to dropping them off for the program. Example: Each child should bring snacks and a water bottle.
- I will drop off and pick up my child on time.
- Should my child develop symptoms while attending the program, I will ensure someone is available to pick them up promptly if we are contacted by the program staff to do so.



AUTHORIZATIONS AND RELEASE:

- I give permission to Mastermind Youth Foundation to use the name, image, likeness, and performance (ex: any pictures and videos) of my child taken for promotional, marketing, or media purposes.
- I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member in the event I cannot be contacted, I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical, and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, and drugs) to be performed for my child by a licensed physician or hospital selected by Mastermind Youth Foundation when deemed immediately necessary or advisable by the physician to safeguard my child's health.
- Recognizing Mastermind Youth Foundation will do its best to ensure a safe experience, I understand that accidents may occur from my child's participation in activities. I agree to assume these risks. I release Mastermind Youth Foundation and its agents from all liability based on any damage, loss, or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the program.
- I acknowledge and agree that all payments made are non-refundable.

For more information, please contact Jacques Villeneuve 226-932-1239 or Sachin Parmar 519-903-7224 or email us at hello@mastermindyouth.org