

**LITTLE CANADA PARENT/GUARDIAN PERMISSION, LIABILITY WAIVER AND RELEASE**  
**(the “Waiver”)**

Our Home & Miniature Land Inc. and their shareholders, directors, officers, agents, contractors, volunteers and employees (collectively referred to as the “**Little Canada**”) offers various services at the Little Canada location, including the Littlization Station, tours, workshops and special events from time to time (“**Activities**”). This Waiver must be signed by a parent or legal guardian for each child under the age of 18 attending Little Canada and/or participating in any Activities offered by Little Canada.

**1. Permission**

I am the parent or legal guardian of the child(ren) listed in the attached form (“**Participant**”) and have full legal responsibility for decisions regarding each Participant. I hereby grant each Participant permission to attend Little Canada’s location and/or fully participate in the Activities on the date(s) and time identified in the attached form.

**2. Liability and Release**

Each Participant and I fully understand and acknowledge the risks and potential harms in the attendance and participation in the Activities at Little Canada’s location. I understand and acknowledge that Little Canada will take reasonable steps to provide care and safety for each Participant, but I agree and acknowledge that all risks are assumed by and are the responsibility of each Participant, myself, and/or the designated supervisor (including but not limited to an organization, group, school, day care provider or other similar groups as applicable).

I understand and agree, on behalf of each Participant, each Participant’s assigns, personal representatives and next of kin, and myself, my heirs, assigns, personal representatives and next of kin that my execution of this Waiver constitutes:

(i) an unqualified assumption of all risks associated with each Participant’s participation in the Activities or attendance at the Little Canada location if arising from negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent first aid operations or procedures, of Little Canada and any persons associated therewith or participating therein;

(ii) a full and final release and waiver of liability and all claims that I, or each Participant, have or may have in future against Little Canada from any and all liability for any loss, damage, injury, or expense that each Participant may suffer, or that each Participant’s next of kin may suffer as a result of each Participant’s presence at the Little Canada location or participation in the Activity, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the relevant *Occupiers Liability Act* or any other relevant statutes, on the part of Little Canada;

(iii) an agreement not to sue Little Canada for any loss, injury, cost or damage of any for or type, however so caused or arising, whether directly or indirectly from each Participant’s participation in the Activities or presence at the Little Canada location.

### **3. Indemnity**

I indemnify and hold harmless Little Canada for any loss, liability, damage, injury, death or cost that may arise out of or in any way connected with each Participant's participation in the Activities, or attendance at Little Canada's location.

### **4. Conduct of Participant**

I have reviewed all of Little Canada's rules, policies and regulations with each Participant. Each Participant and I agree, and I have instructed each Participant to agree and comply with all such rules, policies and regulations of Little Canada, and that at all times the sole responsibility for personal safety remains with each Participant.

I have satisfied myself and represent and warrant that each Participant is physically, emotionally and mentally able to participate in the Activities and/or attend the Little Canada location in accordance with all rules, policies and regulations of Little Canada.

I acknowledge that Little Canada reserves the right, at Little Canada's sole discretion, to stop each Participant's participation in the Activities if such Participant's conduct, condition or behavior is deemed to be unsafe, unsatisfactory or detrimental to the Activities, its participants or Little Canada, or such Participant has experienced any deterioration in his/her physical, emotional, or mental condition. No refund will be made if a Participant violates Little Canada's rules, regulations or policies.

I agree that I will remove each Participant from the Activities/the Little Canada location if it is determined by Little Canada that such Participant's conduct, condition or behavior is unsafe, unsatisfactory, or detrimental to the Activities, or there is any deterioration in such Participant's physical, emotional, or mental condition.

I authorize Little Canada to consent to emergency medical treatment in accordance with the best interests of such Participant, should I not be present at the time to grant such consent myself.

### **5. Littlization Station**

By using the Littlization Station, I on behalf of each Participant authorize Little Canada to use each Participant's name, images, likeness, video and "Little Me" for Little Canada's business purposes. Furthermore, I on behalf of each Participant, waive any and all copyrights, rights of publicity, moral rights, or other rights of a similar nature each Participant may have in the scan taken by the Littlization Station, images stored in the Little Canada Web portal, and in the Little Me. I on behalf of each Participant acknowledge, understand, and agree to the terms and conditions of the Littlization Station Terms of Use.

### **6. Publicity and Release**

I agree and acknowledge that Little Canada may take photographs and/or video during each Participant's attendance. These photos and videos may be used by Little Canada for advertising and marketing purposes. Little Canada is granted permission to use photographs, videos or audio recordings of each Participant for any Little Canada promotional and marketing materials in any media. In the event that a Participant does not wish to have their photo to be used or Participant's photo to be taken, Little Canada will be advised in writing prior to such Participant's attendance.

**7. COVID-19**

Little Canada has put in place preventive measures to reduce the spread of COVID-19; however, these measures do not guarantee that a Participant will not become infected with COVID-19. While participating in the Activities and at all times when each Participant attends the Little Canada’s location, each Participant will comply with all federal, provincial and municipal rules, restrictions and regulations, as well as all of Little Canada’s rules, policies, regulations and preventative measures, restrictions and requirements related to COVID-19.

By participating in the Activities, each Participant voluntarily assumes the risk that the Participant may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

**8. General Terms**

The invalidity, illegality, or unenforceability of any provision herein does not affect the validity, legality, or enforceability of any other provision herein or the Waiver as a whole.

This Waiver is binding upon and inures to the benefit of the parties and their respective successors and permitted assigns.

**Each Participant and I have thoroughly read and understood this Waiver and agree to the terms and conditions. By signing agree that it is my intention to grant permission for each Participant to participate in the Activities subject to this Waiver and Little Canada’s rules, regulations and policies.**

**I/we sign this document voluntarily and without inducement.**

**Parent or Guardian’s Signature:** \_\_\_\_\_

**Parent or Guardian (Print):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Participant’s Signature:** \_\_\_\_\_

**Participant’s Name:** \_\_\_\_\_

**Participant’s Signature:** \_\_\_\_\_

**Participant’s Name:** \_\_\_\_\_

## Participant Information

Date Attending: \_\_\_\_\_

Activity/Workshop/Event: \_\_\_\_\_

Location: \_\_\_\_\_

Participant Name (First and Last):	Health Card Number:
Address:	Postal Code:
City and Province:	Phone Number:
Date of Birth (yy/mm/dd):	

Parent or Guardian Name:	Relationship to Participant:
Contact Number:	Email Address:
Alternative Emergency Contact:	Relationship to Participant:
Contact Number:	Email Address:

Medical conditions (eg. Heart condition, asthma, seizures, diabetes etc):	
Emotional, behavioral or learning challenges:	
Is the Participant taking medication or required to take medication for a pre-existing condition?:	Medication(s):
Details:	
Allergies:	

I represent and warrant that the above is true, current, valid and complete

\_\_\_\_\_

Date Attending: \_\_\_\_\_

Activity/Workshop/Event: \_\_\_\_\_

Location: \_\_\_\_\_

<b>Participant Name (First and Last):</b>	<b>Health Card Number:</b>
<b>Address:</b>	<b>Postal Code:</b>
<b>City and Province:</b>	<b>Phone Number:</b>
<b>Date of Birth (yy/mm/dd):</b>	

<b>Parent or Guardian Name:</b>	<b>Relationship to Participant:</b>
<b>Contact Number:</b>	<b>Email Address:</b>
<b>Alternative Emergency Contact:</b>	<b>Relationship to Participant:</b>
<b>Contact Number:</b>	<b>Email Address:</b>

<b>Medical conditions (eg. Heart condition, asthma, seizures, diabetes etc):</b>	
<b>Emotional, behavioral or learning challenges:</b>	
<b>Is the Participant taking medication or required to take medication for a pre-existing condition?:</b>	<b>Medication(s):</b>
<b>Details:</b>	
<b>Allergies:</b>	

I represent and warrant that the above is true, current, valid and complete

\_\_\_\_\_

Date Attending: \_\_\_\_\_

Activity/Workshop/Event: \_\_\_\_\_

Location: \_\_\_\_\_

<b>Participant Name (First and Last):</b>	<b>Health Card Number:</b>
<b>Address:</b>	<b>Postal Code:</b>
<b>City and Province:</b>	<b>Phone Number:</b>
<b>Date of Birth (yy/mm/dd):</b>	

<b>Parent or Guardian Name:</b>	<b>Relationship to Participant:</b>
<b>Contact Number:</b>	<b>Email Address:</b>
<b>Alternative Emergency Contact:</b>	<b>Relationship to Participant:</b>
<b>Contact Number:</b>	<b>Email Address:</b>

<b>Medical conditions (eg. Heart condition, asthma, seizures, diabetes etc):</b>	
<b>Emotional, behavioral or learning challenges:</b>	
<b>Is the Participant taking medication or required to take medication for a pre-existing condition?:</b>	<b>Medication(s):</b>
<b>Details:</b>	
<b>Allergies:</b>	

I represent and warrant that the above is true, current, valid and complete

\_\_\_\_\_

A few things to know about our workshop safety and policy procedures:

**Drop Off Procedure – 1pm sharp:**

- Children will be met by the Workshop Leaders in the main lobby of Little Canada at 10 Dundas Street East.
- Please ensure the mandatory waiver has been signed by a parent or guardian (download at <https://little-canada.ca/wp-content/uploads/2022/07/Parental-Waiver-Release-Form.pdf> ) and sent at least one week in advance to [workshops@little-canada.ca](mailto:workshops@little-canada.ca). Note: waivers cannot be signed by an older sibling, friend or another adult who is not a guardian of the child. Children without a waiver will not be admitted entry to the workshop.
- Adult who is dropping off the child must be within 15 minutes (eg as far as The Eaton Centre) from Little Canada in case of an emergency. Little Canada does not provide transportation.

**During the Workshop:**

- Children will start with a tour of Little Canada, led by two Workshop Leaders who will accompany the participants at all times.
- Children will not be permitted to leave the tour or workshop area without a Workshop Leader. Should children need the washroom, a Workshop Leader will accompany them to the washroom area which is located very close to the workshop room. A Workshop Leader will wait outside the main entrance to the washrooms and accompany the child back to the workshop room.
- Children will be using a variety of materials including but not limited to; glue, paint, miniature 3D printed pieces, synthetic scenic materials, scissors and more. Please ensure children wear appropriate clothing for this activity and are aware to not place anything in their mouths during the workshop.
- All participants are expected to conduct themselves in a safe and respectful manner during the guided tour and workshop activities as laid out in the parental waiver.

**Food and Drink:**

- Children will be permitted to bring a drink with them to the workshops. Unfortunately, food will not be permitted due to the nature of the materials being used in the workshops and out of safety for other participants with allergies etc. Little Canada has an in-house café called Little Bites should you wish to purchase something for your child at pick-up time.

**Medical Emergency:**

- In the case of a medical emergency, trained staff will administer First Aid while 911 is called as well as the emergency contacts listed on the forms.

**Pick-Up Procedure - 4pm:**

- Pick-Up will be in the Little Bites Café where children will be signed-out by the identified adult responsible for doing so. Those picking up children should identify yourself to a staff member upon arrival and they will be directed to the appropriate waiting area. Please be ready to show the Workshop Leader a piece of photo ID.

Have questions? Please email [workshops@little-canada.ca](mailto:workshops@little-canada.ca) or call 1-866-489-7527 and a friendly staff member will be happy to help.