



SUPER SCIENTIST™

Participant Name :- _____

Participant address :- _____

Participant Current Age :- _____

I completely understand that participation in science experiments and activities could include actions and tasks that may be dangerous or hazardous to the participant if correct safety procedures are not followed. Therefore I agree to adhere to all instructions pertaining to safe operation of equipment and tools, and understand that failure to comply with designated safety instructions may result in my being refused participation in said activity.

By signing below, I agree to the fact that participation can cause harm to me/my child. I release the organisation named above from all liability, costs and damages which could arise from participation in the above named event or activity. I assume any risk and take full responsibility and waive any and all claims of personal injury relating to all activities associated with Super Scientist Inc. located at 2183 Dunwin Drive, Mississauga, ON, L5L 1X2.

I understand that photographs of this event may be used in future publications and marketing materials for Super Scientist Inc. and give consent for photographs to be used in this way. All images will be secured and used only by authorised personnel.

Signature of Participant :- _____

(If 18 years or above)

Signature of Parent or Guardian :- _____

(if participant below 18 years)

Name of Legal Guardian :- _____