



## Applicant's Release Form

**NOTE: YOU MUST PROVIDE A FULLY SIGNED COPY OF THIS RELEASE FORM WITH YOUR APPLICATION**

By signing below, I/we, \_\_\_\_\_, of the  
City/Town

of \_\_\_\_\_ in the Province of \_\_\_\_\_, hereby acknowledge  
and agree as

follows:

1. I/we have complied with all of the application conditions (the "Conditions"), and without limiting the generality of the foregoing, I/we hereby confirm that the primary Applicant is of the age of majority in the province or territory in which the primary Applicant lives.
2. I/we declare that all of the information provided in this application is, to the best of my/our knowledge and belief, true, accurate and correct.
3. I/we understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after a grant of financial assistance has been allocated or awarded, for immediate termination of financial assistance or immediate rescinding or repayment of any portion of any grant of financial assistance, with costs. I/we further understand that any failure or refusal by me to comply with the terms of this Release shall result in my/our disqualification from consideration for financial assistance.
4. I/we consent to the collection, use and retention of my/our personal information, including medical and financial information, by The Modern Miracle Foundation.
5. I/we give permission to The Modern Miracle Foundation to collect and review my/our personal, medical and financial information that is held by other organizations, health care providers and financial institutions, including any credit bureaus. I further give permission to all holders of such personal, medical and financial institutions to discuss with The Modern Miracle Foundation my/our relevant personal, medical and financial information, consent to the release

of such information orally or in writing, and hereby release such holders of my personal, medical and financial information in perpetuity from any claims based upon statements they make to The Modern Miracle Foundation.

6. I/we give permission to any agent, attorney or representative of The Modern Miracle Foundation to receive a copy of any information obtained in the file of any federal, provincial or local governmental agency concerning or relating to me/us. I/we further consent to the release of such information and waive any right under provincial or federal law concerning notification of the request for a release of such information.
7. I/we understand that any grant funds I/we receive (i) will be paid directly to the Applicant's fertility clinic as noted on the grant application; and (ii) must be used within six months of the date of notification to the Applicant(s) that such grant funds will be provided.
8. I/we agree to indemnify, defend and hold harmless The Modern Miracle Foundation, their respective employees, directors, volunteers, contractors, associates and any other related parties, and their respective heirs, executors, administrators, successors and assigns from any and all claims, causes of action, demands, loss, injury and liability whatsoever which may arise or occur in connection with or as a result of this application, the processing and review of this application, or my/our participation in the financial assistance program.
9. I/we understand and agree that this Release will be governed by the laws of the Province of which the applicant resides and the applicable laws of Canada.
10. The Conditions and the Terms of this Release shall apply to and be binding on my/our heirs, executors, successors and assigns.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Applicant

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Co-Applicant