




40 Holly Street  
Suite 401  
Toronto, Ontario  
M4S 3C3  
Canada

Tel: (416) 932-8382  
Fax: (416) 932-9844

access2card@easterseals.ca

[www.access2card.ca](http://www.access2card.ca)  
[www.easterseals.ca](http://www.easterseals.ca)

## Access 2 Card Program – Venue Registration Agreement

 This Registration Agreement is made on this date (dd/mm/yyyy) \_\_\_\_\_  
by and between:

Acton Clarkin  
Manager, Access 2  
Easter Seals Canada

40 Holly St, Suite 401  
Toronto, ON  
M4S 3C3 Canada  
aclarkin@easterseals.ca  
416-932-8382 x 224

**AND**

Name:

Venue Street Address:

 Job Title:

City, Province:

Organization:

Postal Code:

Website:

Email:

Phone:

By completing this Registration Agreement, I certify that (your organization) will adhere to the principles of the Access 2 Card program administered by Easter Seals Canada, in which an Access 2 cardholder (individual with a permanent disability) pays regular admission price, while their support person receives one free admission (2 for 1).

All parties involved must agree upon any further alterations to this policy.

If at any time your organization wishes to no longer be involved in the Access 2 Card program, please notify Easter Seals Canada promptly.

### Confidentiality Notes

The venue named below hereby agrees that it will not use or disclose any identifiable personal Access 2 Card holder information (whether received or created before or after the date of this agreement) except for the purposes necessary to inform Easter Seals Canada.

The venue has reasonable safeguards in place to protect the security of personal information.

The venue agrees to securely dispose of identifiable personal information once it is no longer required.

The venue is compliant with the Personal Information Protection and Electronic Documents Act (PIPEDA) and relevant provincial/territorial legislation regarding, but not limited to, freedom of information and privacy and health information protection.

The venue acknowledges and agrees that any breach of this agreement may result in termination of the agreement.



Printed Name:

Organization:

Signature:

Date:

**Please scan and email this document to [aclarkin@easterseals.ca](mailto:aclarkin@easterseals.ca) when completed.**

**Someone from our team will be in touch promptly to confirm this request. Thank you.**