

## **AUTHORIZATION TO DISCLOSE INFORMATION**

**TO:** Standardbred Canada

**FROM:** \_\_\_\_\_  
**Insert name of individual horse owner or Stable**

\_\_\_\_\_  
**[Standardbred Canada Member #]**

I, \_\_\_\_\_, **[in my capacity as the Stable's authorized officer,]** hereby authorize and consent to Standardbred Canada disclosing and/or providing, to any racetrack in Canada and to any association or organization that makes payments to horse owners and stables as a result of participation in horse races in Canada (collectively, the **"Payors"**):

1. **[My or the Stable's]** contact information and banking information, as listed in Schedule "A" to this Authorization to Disclose Information (the **"Authorization"**), and **[my or the Stable's]** horse ownership information, as recorded in Standardbred Canada's records at the applicable time (collectively, the **"Information"**); and
2. The Authorization and Payment Direction (the **"APD"**), dated as of the date of this Authorization, and addressed to the applicable Racetracks/Organizations (as that term is defined in the APD), as it may be amended, revoked, or replaced from time to time,

and this will be Standardbred Canada's full and sufficient authority for so doing.

I understand that:

1. I have been asked to authorize and consent to Standardbred Canada disclosing and/or providing (i) the Information and (ii) the APD to the Payors, to enable the Payors to distribute funds to **[me or the Stable]** via direct deposit, if applicable;
2. Although Standardbred Canada takes measures to protect information provided to it, confidentiality and security can never be 100% assured, including when information is transmitted or stored electronically. Standardbred Canada cannot ensure or warrant the security of any of the Information;
3. If any of the Information changes at any time after the date of this Authorization, I must complete a new APD and a new Authorization (including Schedule "A") and deliver same to Standardbred Canada, for which fees may apply where permitted by applicable law; and,
4. I may revoke this Authorization at any time by providing notice in writing that I am withdrawing consent to Standardbred Canada. Standardbred Canada will pass on any revocation by **[me or the Stable]** to the Payors.

**[I or the Stable]** agree[s] to indemnify and hold harmless Standardbred Canada from and against any loss, liability, damage, cost, penalty, fine, and expense (including any professional fees) (**"Loss"**) that Standardbred Canada may suffer or incur as a result of its receipt, use, storage, collection and processing of the Information, the APD, and the Notice (as that term is defined in the APD), as well as its disclosure and provision of the Information, the APD, and the Notice to any Payor, regardless of whether such Loss was caused by, or results from, the negligence or error of Standardbred Canada.

Standardbred Canada will have no liability or responsibility for any Loss that **[I or the Stable]** may suffer or incur in connection with any payments made by any Payor that rely on the Information, the APD, and/or the Notice, regardless of whether such Loss was caused by, or results from, the negligence or error of Standardbred Canada.

Standardbred Canada will not be responsible for any distributions of funds either to **[me or the Stable]** via direct deposit, or between **[me or the Stable]** and any other individuals or entities that also have an ownership position in the horses listed in Schedule "A" to this Authorization.

This Authorization is governed by, and is to be construed and interpreted in accordance with, the laws of the Province of Ontario, and the laws of Canada applicable therein.

This Authorization, together with the APD, supersedes any prior agreements, understandings, negotiations and discussions, whether oral or written, provided to Standardbred Canada in connection with the subject matter of this Authorization except as specifically set out in this Authorization, or, if applicable, in the APD.

A photocopy, signed facsimile, or electronic version of this executed Authorization may be relied upon to the same extent as if it were an original executed version.

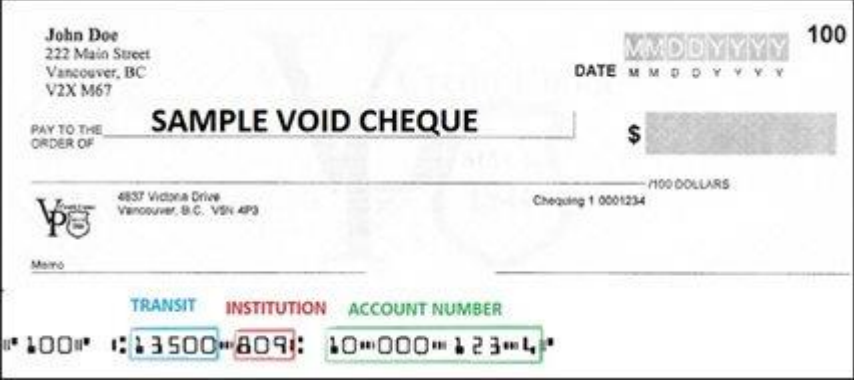
**DATED** the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Signature  
Name:  
**[Title:]**

## Schedule "A"

CONTACT INFORMATION			
First Name	Middle Name	Last Name	
Home Address			
City	Province	Postal Code	
Email Address	Phone Number	Mobile Number	Fax Number

BANKING INFORMATION				
<p>My bank information is below, and I have attached a pre-printed cheque from my bank account, marked "VOID" <input type="checkbox"/></p> <p>OR</p> <p>My bank information is below, and I have attached a Direct Deposit print-out from my bank account: <input type="checkbox"/></p>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">  </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: top;">Bank Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: top;">Transit</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: top;">Institution Number</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 30px; vertical-align: top;">Bank Account Number</td> </tr> </table> </div> </div>	Bank Name	Transit	Institution Number	Bank Account Number
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