

South Dundas Recreation Adult & Senior Programs

Name of P	articipar	nt:				
Gender:	Man	Woman	Non-binary	I'd Rather Not	: Say	
Age:	Date of	f Birth:				
Parent/Gu	ıardian:					
Address:						
Postal Cod	le:		Email:			
Phone (H):		F	Phone (C):			
Emergenc	y Contac	t:				
Relationsh	nip to Pa	rticipant:				
Phone (H)):	F	Phone (C):			
Participant Medical Information (Please list and explain any health conditions or allergies which staff should be aware of):						
Payment 1	Informat	ion/Options	Cheque	Interac	Cash	

Adult and Senior Programs

Beginner Ukulele						
	Mon	Municipal Centre	May 16 – Jun 27	9:30 - 10:30 am	135.60	
Art Classes: Adult (19 + yrs.)						
	Wed	Municipal Centre	May 04 – Jun 29	6:30 - 8:30 pm	130.20	
Art Classes: Senior (50 + yrs.)						
	Thurs	Municipal Centre	Apr 21 – Jun 30	12:30 - 2:30 pm	125.55	
Pet First Aid- St. John's Ambulance (16 + yrs.)						
	Sun	Municipal Centre	May 29	9:00 - 4:00 pm	100.00	

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Municipal Programming and related events of the Municipality of South Dundas, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for me participation; and,
- 3. I willingly agree to comply with the states customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official, instructor, or staff immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERE BY RELEASE AND HOLD HARMLESS THE MUNICIPALITY OF SOUTH DUNDAS, their officials, instructors, staff, employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREMENT, FULLY UNDERTSAND ITS TERMS, UNDERTSAND THAT I HAVE GIVEN UP SUBSTAINTIAL RIGHTS BY SIGNING ITS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANTS SIGNATURE	
	Date Signed
WITNESS	
FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)	
PARENT/ GUARDIAN SIGNATURE	EMERGENCY PHONE NUMBER
WITNESS	Date Signed:

MUNICIPALITY OF SOUTH DUNDAS



34 Ottawa Street, P.O. Box 740 Morrisburg ON KOC 1X0 613.543.2673 | southdundas.com

PARTICIPATION CONSENT FORM AND RELEASE OF LIABILITY

I hereby grant permission to the Municipality of South Dundas and its representatives to photograph, video record, and otherwise capture my image, and to make recordings of my voice digitally or otherwise.

I further grant to the Municipality of South Dundas and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining the Municipality of South Dundas and its activities and for administrative, educational or research purposes. Photographs, video images and voice recordings are the property of the Municipality of South Dundas.

I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Municipality of South Dundas, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

First and Last Name (Print)		
	ı	Date Signed

Signature (if 18 years of age or older)

For Participants of Minority Age

This is to certify that I, as parent/guardian with legal responsibility for this participant, do
consent and agree to his/her release as provided above of all the Releasees, and, for
myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees
from any and all liabilities incident to my minor child's involvement or participation in
these programs as provided above.

First and Last Name of Parent/Guardian (if subject under the age of 18)

Date

Signature of Parent/Guardian

I hereby grant permission to the Municipality of South Dundas to use my name with these images and recordings.

Date

Signature

(Parent/Guardian if subject under the age of 18)

Notice of Collection: Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), name, address, opinions and comments, is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA, the Planning Act, and all other relevant legislation.

Your personal information may be used in making future decisions on our programs and services. Questions regarding the collection, use, and disclosure of this personal information may be directed to the Director of Corporate Services/Clerk at 613-543-2673.