District of Lunenburg Recreation Department

Waiver/Registration Form

210 Aberdeen Rd., Bridgewater, NS B4V 4G8
(902) 541-1343 recreation@modl.ca www.modl.ca

Program: _____ Date: _____ Fee: _____

Participant's Full Name: _____

Civic Address: _____

Mailing Address: _____

Postal Code: _____ Email: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Age: _____ Gender: M / F

Health Card Number: _____

Medical Concerns: _____

Food Allergies/Dietary Concerns: _____

Alternate Contact Name: _____ Home &/or Cell Phone #: _____

(Emergency contact, outside your home) Work Phone #: _____

Legal Document – Please Read Carefully

Waiver and Agreement

I, the above named participant or his/ her parent or guardian of the above named participant is **under the age of 19 years**, hereby consent to and assume for myself or for the above named participant, all risk of loss or injury caused by or incidental to the conduct of the above named program or the participation in the above named program by the participant.

I acknowledge and agree that in the above named program there is a certain amount of risk of loss or injury to any participant, and I herby agree to fully assume all such risk and to indemnify and save harmless the Municipality of the District of Lunenburg and all of its employees or agents, and all organizers and sponsors of the program, from any and all liability for any loss, damage or injury which might occur to the participant or to the property of the participant as a result of the participation in the above named program by the participant.

I acknowledge and confirm that I have been informed and am fully aware of all risks involved in participation in the above named program.

Please call the Lunenburg Municipal Recreation Department at 541-1343 to be informed of the risks involved in the above named program.

By signing this document below I acknowledge that I have read and fully understood the above "Wavier and Agreement" and agree to all of its terms.

_____

Name of Applicant *or* Parent or Guardian of Applicant (Please Print)

_____

Signature of Applicant *or* Parent or Guardian

Date: _____

Photos may be taken of participants during programs for future promotional purposes (i.e. brochures, displays).

Consent (please circle):
YES NO