

Brockville 50+ Activity Centre

Participant Waiver of Liability Form

New Member	
Continuing	
Leader	
Office Staff	

Waiver must be signed by participant before registering for or starting any AC activity.

Participants please indicate your category by checking the appropriate box in the top right-hand corner of this form.

Your Name (Please Print): _____

Your Primary Phone #: _____

Email: As previously provided or New: _____

PLEASE ENTER EMAIL ADDRESS CLEARLY

EMERGENCY CONTACT PERSON

Contact Name: _____

Contact Phone #: _____

I, the undersigned participant in one or more Brockville 50+ Activity Centre's classes or activities, as a condition of my participation, hereby for myself, my heirs, executors and administrators, waive any and all claims, in connection with or arising out of my participation or any injury to myself related hereto, I may have now or in the future against the Brockville 50+ Activity Centre, its class or activity organizers, instructors, leaders, and other volunteers.

I, the undersigned participant, also understand that it is my responsibility to report any accident or personal injury to the Centre office within 24 hours of occurrence. (This is to ensure compliance with government health and safety regulations.)

I also hereby authorize the Brockville 50+ Activity Centre to routinely correspond with me using the Email address already on file or as provided above.

Signed _____ Date _____