

CLARE RECREATION SERVICES
1185 Highway 1, Little Brook, N.S. B0W 1Z0
WAIVER AND REGISTRATION FORM

GRAN FONDO BAIE SAINTE-MARIE DAY CAMP – SEPTEMBER 23rd 2018

Child's Name: _____

Date of Birth: _____/_____/_____ (dd/mm/yyyy) **Age:** _____

Allergies/Relevant Medical Information:

Parent/Guardian: Name: _____ **Telephone:** _____

Address: _____

Email: _____

Emergency Contact: Name: _____ **Telephone:** _____

I, the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both.

I understand that certain rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I hereby WARRANT being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I agree that THE CLARE RECREATION SERVICES or its servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS, such injury loss or damage is caused by the SOLE NEGLIGENCE of the DEPARTMENT or its employees, servants or agents acting within the scope of their duties.

I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all of the foregoing.

Waiver/release for participants under the age of 18 years

Signature of Parent/Guardian

Name of Parent/Guardian (print)

Date

