

Waiver Form for Participant in a Recreation Program

RECOMMENDATION

You and/or your parent or guardian are urged to consult with the participant's family medical practitioner prior to participating in any activity(ies)/ program(s)/ event(s) offered by the Town of Ajax (The Town).

ELEMENT OF RISK

This activity/ program may present various elements of risk. Accidents resulting from such activities may occur and cause injury. These accidents result from the nature of the activity and can occur without any fault on either the part of the Town of Ajax or its employees, agents or representatives. By choosing to participate in the activity, the participant and/or their parent or guardian is assuming the risk of an accident occurring. Participants and or their guardian MUST assume the risk associated with the activity.

The participant agrees to use caution and wear appropriate clothing and protective equipment, including but not limited to items as supplied or recommended by the Town of Ajax. The participant acknowledges that it is the participant's right and responsibility to decrease or completely stop participating during any activity should the participant feel unsafe to continue doing so and that the participant will immediately (as soon as practical) inform the program employees or volunteers of their concerns or symptoms. It is the responsibility of the parent or guardian of the participant to inform and ensure that their participant understands this right.

RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of my (the participant) being permitted to participate in any activity(ies)/ program(s)/ event(s) offered by the Town of Ajax; I, myself, and/or my parent or guardian, my heirs, executors, administrators, successors and assigns do hereby release and forever discharge, waive and save harmless, defend, protect and keep indemnified the Town of Ajax and all of their respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, loss or damage, to my person or property however caused arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the activity(ies)/ program(s)/ event(s) as a participant or spectator.

CONSENT TO MEDICAL TREATMENT

The participant and/or their parent or guardian hereby gives their permission for the Town employees or volunteers to provide or arrange for such first aid or other medical treatment or care, including but not limited to transportation to hospital, as such employee or volunteer may consider necessary or advisable. I and/or my parent or guardian understand that all costs related to such actions shall be the participant's and/or the guardian's responsibility and I agree to pay for and/or reimburse the Town of Ajax for whatever costs that are incurred.

PHOTO WAIVER

In the course of all program activities, photos may be taken and audio and/or visual records may be made. The Town of Ajax reserves the right to use all photographs and videos of all our activity(ies)/program(s)/event(s) for promotional purposes.

Check box if you do NOT give permission to the Town of Ajax to take photos, audio and/or visual recordings of your child or yourself during this program session for use in future promotional materials.

PERSONAL INFORMATION

Personal information collected on this form is collected under the authority of the Municipal Act, S.O. 2001, c.25 and will be used for the purpose of program registration, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be address the Town of Ajax, FOI Coordinator, 65 Harwood Ave. South, Ajax, ON L1S 2H9.

ACKNOWLEDGEMENT

THE PERSON SIGNING THIS FORM ACKNOWLEDGES THAT THEY ARE AT LEAST EIGHTEEN (18) YEARS OF AGE AND ARE LEGALLY AUTHORIZED AND CAPABLE AND HAVE READ THE ABOVE AND UNDERSTAND THAT IN PARTICIPATING IN ANY PROGRAM OFFERED AND/OR ATTENDING ANY FACILITY, THE PARTICIPANT AND/OR THEIR PARENT OR GUARDIAN IS ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

SIGNATURE

IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

Print Participants Name
Signature of Parent or Legal Guardian
Date:

IF PARTICIPANT IS 18 YEARS OF AGE OR OLDER:

Print Participants Name
Participant's Signature
Date: