



Waiver of Liability, Assumption of Risk, and Emergency Contact

Program/Activity: _____ Date: _____

Participant's Name: _____ Phone: _____

Cell: _____

Address: _____

Email: _____

In consideration of being allowed to participate in any way in the above program, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these sports events is significant, including the potential for permanent paralysis and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks unknown, and assume full responsibility for my participation; and
3. I, willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If however, _____ observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring _____ such knowledge to the attention of the nearest Coach, Instructor, Trainer; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold the Municipality of South Bruce agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

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.

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that the Municipality does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, the Municipality has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the Municipality, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

The personal information collected on this form is collected under the authority of the Municipal Act and will be used for registration purposes and to monitor and evaluate recreation programs for South Bruce. Questions about this collection should be addressed to the Recreation and Facilities Manager at 519-392-6623

Signature: _____ Date: _____
(If Participant is under 18, parent/guardian signature)

Emergency Contact's Name: _____ Relation: _____ Phone: _____