



Lunenburg Recreation Department Program Registration Form

15 Green Street, Lunenburg, NS B0J 2C0
Tel. (902) 634-4006 Fax. (902) 634-4416

PART I

Participant's Name: _____

Program(s): _____ Fee(s): _____

Civic Address: _____

Mailing Address: _____

Postal Code: _____ Email Address: _____

Home Phone Number: _____ Work Number: _____ Cell Number: _____

Date of Birth: _____ Gender: Male / Female Age: _____

Family Doctor: _____ Phone Number: _____

Health Card Number: _____ Expiry: _____

Medical or Other Concerns: _____

Allergies or Dietary Concerns: _____

Emergency Contact Name (Outside Household): _____ Relation: _____

Home Phone Number: _____ Work Number: _____ Cell Number: _____

If the participant is under the age of 19, please provide parental/guardian contact information:

1st Contact Name: _____ Relation: _____

Home Phone Number: _____ Work Number: _____ Cell Number: _____

2nd Contact Name: _____ Relation: _____

Home Phone Number: _____ Work Number: _____ Cell Number: _____

PART II
Lunenburg Recreation Department
Waiver and Agreement

Please Read Carefully

I, the below-named participant [or the parent or guardian of the below-named participant if he/she is under the age of 19 years], hereby consent to and assume for myself or for the below-named participant, all risk of loss or injury caused by or incidental to the conduct of the indicated program(s) or the participation in the indicated program(s) by the participant.

I understand, acknowledge and agree that all programs [including, without limiting the foregoing, weight training] have an element of personal risk of injury- the participant [the parent or guardian if applicable] acknowledges and accepts the risk that many of the programs involve physical exertion, which may place unusual stresses on the participant's body and may aggravate pre-existing physical injuries, conditions, or congenital defects. I understand that the participant should receive a medical check-up and/or discuss physical limitations with the participant's physician before beginning any physical activity.

In consideration of the participant being allowed to participate in the indicated program(s) [located on page 1 of 2 of this **Program Registration Form and Waiver and Agreement**] I hereby agree to fully assume all such risk and to indemnify, release, absolve and save harmless the Town of Lunenburg and all of its employees, Lunenburg War Memorial Community Centre committee members, agents, all organizers, sponsors and supervisors of the program(s), [and their and each of their respective employees, agents, servants, volunteers, heirs, executors, administrators, successors and assigns], from any and all liability [including, without limiting the foregoing, liability for damages, loss, claims, demands, and actions, causes of action, party and party costs as well as solicitor client costs] in any way arising from or in consequence of any loss, damage, injury or death which might occur to the participant or to the property of the participant as a result of (or in any way related to) the participation in the indicated program(s) by the participant.

I acknowledge and confirm that I have been informed and am fully aware of all risks involved in participation in the indicated program(s).

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

Name of Participant (Please Print)

Name of Parent or Guardian of Participant (Please Print)

Signature of Participant or Parent or Guardian

Date