

PARTICIPANT INFORMATION

Name (first, last):	Date of Birth:
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Address:	City, Province:	Postal Code:
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PHONE NUMBERS	Email:
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Home:	Work:	Cell:
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PROGRAM INFORMATION

Program #	Program Name	Fee \$

Total Fees: \$

MEDICAL INFORMATION

Do you have any allergies, medical conditions, or medications that we should be aware of?

Yes No If Yes, Please indicate:

Does the participant have any special/developmental/intellectual needs and/or physical or emotional concerns that staff should be aware of?

Yes No If Yes, Please indicate:

EMERGENCY CONTACT

Name:	Relationship to Participant:
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PHONE NUMBERS

Home:	Work:	Cell:
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CONSENT

- The information I have provided on this form is complete and accurate. I acknowledge and agree that I am responsible for updating the information on this form and ensuring that it is provided to Program staff. The City reserves the right to request the Emergency contact pick up the Participant if the Participant's safety may be compromised by leaving the Program alone.
- I give consent for my image to be taken in the form of videotape, filming or photography for the City or affiliate organization's public relations and communication/marketing materials including social media.
- Refunds will only be issued if the program is cancelled by the City of Prince Albert. The issuing of refunds and credits due to withdrawals for any other reason will be subject to an \$8.00 program withdrawal fee and will be at the sole discretion of the City of Prince Albert.

**By signing this document, you will waive certain legal rights, including the right to sue.
Please read carefully!**

1. I have met all of the prerequisites required for participation in the Program(s).
2. I will abide by the rules and regulations imposed on the participants in the Program(s).
3. There are risks and hazards inherent in the very nature of the Program and that as a result of these risks and hazards, I as a participant, may suffer serious personal injury, as well as property loss. I nevertheless freely and voluntarily assume the aforementioned risks and hazards and accordingly my participation in the Program(s) shall be entirely at my own risk.
4. I waive any claim I may have against the City arising from my participation in the Program(s) and agree to indemnify and hold harmless the City for any claim, including any claim for medical services arising from my participation in the Program(s).
5. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
6. I relinquish any and all personal or proprietary rights I may have in connection with the use of photos of myself taken for publicity purposes (if consented above). I understand that I will receive no compensation should any photograph of myself be taken.
7. This RELEASE OF LIABILITY, WAIVER OF CLAIM, ASSUMPTION OF RISK and INDEMNITY is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

DATED at the City of Prince Albert, this _____ day of _____, 20_____.

Name of Participant
(Please Print)

Signature of Participant

FOR STAFF USE ONLY

Reviewed by (First, Last)

Received Date (yyyy-mm-dd)

Total Paid: _____ **Receipt** _____ CHEQUE CASH MONEY ORDER CREDIT CARD DEBIT