

Youth Pass Information Form

The Youth Pass is valid for youth grades 5 through 12 for program offerings within the Township of Wilmot and its programs. This includes all programs offered in the Youth Centre at the Wilmot Recreation Complex, as well as any other Township run youth program (including the Pipes and Rails Drop-in Program)

Participant Information

First Name: _____ Last Name: _____

Birthdate (D/M/Y) _____ School: _____ Grade: _____

Address: _____ Town: _____

Home/Cell Phone: _____ Email: _____

Health Concerns or special needs that our staff need to know: _____

Emergency Contact Information

Parent/Guardian Information is required below

First Name: _____ Last Name: _____

Birthdate (D/M/Y) _____ School: _____ Grade: _____

Address: _____ Town: _____

Home/Cell Phone: _____ Email: _____

If a parent or Guardian cannot be reached:

Emergency Contact #1

Name: _____

Relationship: _____

Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Phone: _____

Photographic Release

I hereby give my permission to the Township of Wilmot for the use of my picture, taken by a photographer in any promotional material including, advertising, brochures, publications, video productions and other uses. I understand that these materials will be used by the Township of Wilmot or its agents only.

I waive the right to any fee or compensation for either the photographic sitting or the use or reproduction of the resulting photographs in any medium.

Signature: _____ Date: _____

Please Provide this completed form to your Program Facilitator or via email to the Supervisor of Recreation Programming lacey.smith@wilmot.ca

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Program Waiver

Informed Consent/Program and Activity Waiver/Release of Liability Agreement

I AGREE that it is my own responsibility to verify my child and/or my physical fitness level to participate in the program or activity with my Family Physician and/or any relevant specialist as appropriate in any circumstances.

I UNDERSTAND that certain physical activities in the program/activity require a minimum level of fitness and health (physical, mental or emotional) and that each person has a different capacity for participating in program/activities.

I HEREBY WARRANT that my child and/or I are physically fit to participate in the program/activity and understand that the choice to participate in the program/activity brings with it an assumption of risks which may be inherent in physical activities undertaken in the program/activity.

I AUTHORIZE the Corporation of the Township of Wilmot to provide medical aid to either me or my child in the program/activity if deemed reasonably necessary.

I UNDERSTAND that the rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by the rules and regulations of the program/activity and the facility.

I UNDERSTAND that the Corporation of the Township of Wilmot, and their respective employees, volunteers or agents shall not be liable for any injury to either my child or myself, for loss or damage to my personal property arising from, or in any way resulting from, my participation in the program/activity.

I, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Corporation of the Township of Wilmot, its employees, volunteers and agents, including its Mayor, all Councilors of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death and/or injury to my person or my children, and in respect of loss and/or damage to my property, howsoever caused, arising from, or in any way resulting from, participation in the program/activity.

I ACKNOWLEDGE that I have read, understood and agree with the above Informed Consent/Waiver/Release of Liability Agreement, and that I have executed same freely and voluntarily without compulsion on any part by the Corporation of the Township of Wilmot, and that this Informed Consent/Waiver/Release of Liability Agreement is to be binding upon myself, my heirs, executors, personal representatives, administrators and assigns.

Parent/Guardian Signature: _____ Date (D/M/Y): _____

By signing below, I acknowledge that I have read, understood and agree to all terms and conditions set out for the Youth Pass and the program waiver itself.

Signature: _____ Date (D/M/Y): _____

Parent/Guardian Signature: _____ Date (D/M/Y): _____

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