

[illegible]

WAIVER

This release is intended to discharge in advance the above Township (its officers, employees, volunteers, and agents) from and against any and all liability arising out of or connected in any way with my child's participation in any activities, even though that liability may arise out of negligence or carelessness on the part of said township (its officers, employees, volunteers, and agents).

I understand that the above activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur; and that participants occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to let my child participate in the aforementioned organizations activities and **I hereby agree** to assume any and all risks of injury or death and to release and hold harmless the above township (its officers, employees, volunteers, and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me.

I further understand and agree that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I further agree to indemnify, defend and to hold the above Township (its officer, employees, volunteers and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that my child may cause or sustain while I further agree to indemnify, defend and to hold the above Organizations (its officer, employees, volunteers and agents) free and harmless participating in activities.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE ORGANIZATIONS AND MYSELF AND I SIGN IT OF MY OWN FREE WILL.

TOWNSHIP OF WILMOT STAFF RESERVES THE RIGHT TO DISMISS ANY PARTICPANT WHO DOES NOT COOPERATE WITH PROGRAM STAFF AND/OR RULES.

PRIMARY CONTACT NAME: _____ **DATE:** _____

PRIMARY CONTACT SIGNATURE: _____

THIS DOCUMENT IS FOR OFFICE USE ONLY AND IS STRICTLY CONFIDENTIAL

Personal information on this form is collected under the authority of the Municipal Act 2001, S.O. 2001, c.25, as amended and will be used for programming recreation and leisure services or emergency purposes. Questions about this collection should be directed to:

**Municipal Clerk, Township of Wilmot Administration Complex, 60 Snyder's Road West,
Baden, Ontario N3A 1A1**