



## PARTICIPANT INFORMATION

PARTICIPANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PASS Number: \_\_\_\_\_ AGE: \_\_\_\_\_

PRIMARY CONTACT NAME : \_\_\_\_\_

## TRAVEL AUTHORIZATION

In an effort to make the Optimist Youth Centre and Youth Programming more accessible, with parental/guardians' permission; the Youth Programming Card Holder can sign themselves in and out of the programming space. You can travel home independently from the Optimist Youth Centre and/or Township owned properties and rented venues from programs offered by or with the Township of Wilmot where a Youth Programming Card is required for participation. Township Staff, volunteers, and agency staff will ensure your child's safety during the hours of programs but are not responsible once they leave and sign themselves out; and as parents you understand that certain risks are present when travelling home alone or catching a bus.

I provide Authorization for my youth to sign themselves In & Out of drop-in style programs that are included in the Youth Programming Card by or with the Township of Wilmot.

PLEASE NOTE: Pick-up Authorization applies to programming for grades four (4) through grade six (6) or if the Travel Home Alone form has not been completed for grade seven (7) to Twelve (12+). If your child is participating in a drop-in program, youth Centre programs, it is your responsibility to ensure your child is safely dropped off and picked up from these programs. Program staff will *not* be responsible for your child's whereabouts once they have left the drop-in program and they will not verify the identity of any individuals picking up the child. \_\_\_\_\_ **Initials**

## PICK UP AUTHORIZATION

In addition to the primary contact, please list relatives, guardians, friends etc. To ensure the safety of your child, you or whoever is picking up the child may be asked to show a picture Identification. Please make sure to inform the individual picking up your child of this policy to avoid any confusion or frustration at the time of pick-up. I understand that if somebody other than these individual(s) listed previously in this document is to pick up your child from the site, written consent will be required prior to releasing the child(ren) to the [Supervisor of Recreation Programming](#). Thank you for your cooperation.

## 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**