

**Innisfil****PROGRAM REGISTRATION FORM****MAIN CONTACT – Please print clearly**

Adult/Parent/Guardian's First Name	Last Name	Birth Date M/D/Y / /	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> Female <input type="checkbox"/> Male (Optional)
Address	Apt/Unit # Home Phone # ()	Cell Phone # ()	Cell Phone Provider: include your carrier to receive alerts regarding your program.	
City / Town	Postal Code	Your email address		

PARTICIPANT #1 INFORMATION

PARTICIPANT First Name	Participant Last Name	Birth Date M/D/Y / /	Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male (Optional)	
List and medical or behavioural conditions which might affect participation in the program:				
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes

PLEASE CHECK BELOW: Register in all the above Courses **OR** Register in one Course
If class is full, please: Place my name on a waitlist **OR** Cancel my request

PARTICIPANT #2 INFORMATION

PARTICIPANT First Name	Participant Last Name	Birth Date M/D/Y / /	Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male (Optional)	
List and medical or behavioural conditions which might affect participation in the program:				
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes
Course Code:	Program Name	Fee (\$)	Pre Camp <input type="checkbox"/> Yes	Post Camp <input type="checkbox"/> Yes

PLEASE CHECK BELOW: Register in all the above Courses **OR** Register in one Course
If class is full, please: Place my name on a waitlist **OR** Cancel my request

Would you like to help make a difference in your Community? Donations accepted to help a child attend a Recreational Program or Summer Camp. Yes, I would like to donate \$1.00 \$2.00 \$5.00 \$10.00 \$20.00

METHOD OF PAYMENT Cash Cheque (Payable to the Town of Innisfil) Debit(Walk-in only)
(Sorry no postdated cheques and no cheques accepted 10 business days prior to the program starting)

CREDIT CARD#: _____ Card Holder Name: _____
CVV / CVC#: _____ Expiry Date: _____ Card Signature: _____
CVV / CVC # Can be found on the back of your credit card.

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS IMPORTANT - PLEASE READ CAREFULLY THIS AFFECTS YOUR LEGAL RIGHTS (*Note* This Disclaimer and Release are in addition to the Assumption of Risk and Waiver re: COVID-19, attached hereto at page 2)

This Disclaimer of Liability and Release of Claims is to be executed by the participant, or if the participant is a minor, by the participant's parent/guardian. The Application for Program Registration ("Application") will not be accepted unless it has been executed. In consideration of the Town of Innisfil accepting this Application I agree to this Disclaimer of Liability and Release of Claims.

Disclaimer:

The participant understands and acknowledges that certain programs have been modified as a result of the COVID-19 pandemic, such that certain programs which would typically be held indoors are now outdoors. The participant further understands and acknowledges that participation in certain programs requires a certain amount of physical exertion and level of physical fitness and shall consult with the participant's own medical practitioner to determine fitness for participation. Finally, the participant understands and acknowledges that outdoor winter programming in Innisfil typically involves walking on ice, snow, slush, mud, water, etc. The participant assumes all risks associated with his or her participation on the programs offered by the Town of Innisfil, including but not limited to any injury or loss whatsoever resulting from the presence of snow, ice, slush, mud, water, etc. in or around the Town Program area, including any paths/trails/sidewalks/parking lots that the participant may use as a result of their participation in the program. The participant undertakes not to participate in the program without first determining that they are able to do so safely, by taking such reasonable steps as necessary, such as wearing appropriate footwear, not participating in inclement weather and not participating should the Program Area, including any paths/trails, walkways, sidewalks or parking lots leading to the Program Area, not be in a safe condition. The Town of Innisfil accepts no liability for bodily injury, death, property damage, or loss due to any cause whatsoever, including, without limitation, negligence on the part of the Town of Innisfil, including its elected officials, employees and agents.

****PLEASE CONTINUE TO PAGE 2 – SIGNATURES REQUIRED**

Release:

The participant and his or her parents/guardians waive any and all claims they may now and in the future may have against, and release from all liability and agree not to sue, the Town of Innisfil, and its elected officials, employees and agents. This release includes all claims for bodily injury, death, property or loss sustained by the participant as a result of his or her participation in the programs offered by the Town of Innisfil including, without limitation, negligence on the part of the Town of Innisfil, its elected officials, employees and agents. I hereby give permission for Town of Innisfil to take photographs of my child, children or myself. I understand that the photographs may appear in the Town of Innisfil publications, social media and/or Town of Innisfil website.

Personal information collected through this registration form is pursuant to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, Chapter M.56, as amended, and will be used for registration and mailing lists. Questions about this collection should be directed to the: Jodi Longland Recreation Coordinator, Town of Innisfil, 2101 Innisfil Beach Road, Innisfil ON, L9S 1A1. Telephone: 705-436-3710.

I confirm that I have read this agreement, including its Terms and Conditions, before signing it and that I understand it and that it is binding not only on me and the participant but also on our helps, executors, and assigns. This application will not be accepted unless signed.

**Signature of Participant or Parent/Guardian
(Must be 18 years or older to sign)**

Date

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

In March 2020, the World Health Organization declared a global pandemic of the virus leading to COVID-19. The Governments of Canada and the Province of Ontario responded to the pandemic with legislative amendments, controls, orders, requests of the public and requests and requirements to persons, including the Town of Innisfil and **YOU**, to change their activities in various ways. In addition, the Office of the Chief Medical Officer of Health for Ontario and the Chief Medical Officer of Health for the Simcoe-Muskoka District Health Unit have released recommendations, instructions, and public guidance.

Although the Town of Innisfil has implemented preventative measures to reduce the spread of COVID-19 at its facilities and programs, the Town cannot guarantee that you or your child(ren) will not become infected with COVID-19. As a result, to permit your and/or your child's attendance at our facility and/or participation in our programs, we ask that you first complete this Assumption of Risk and Waiver of Liability.

**PLEASE READ CAREFULLY
THIS DOCUMENT AFFECTS YOUR FUTURE LEGAL RIGHTS**

I understand that this Assumption of Risk and Waiver of Liability Agreement is in addition to, and is not a substitute for, any other documentation or registration information that I might be required to execute by the Town of Innisfil in order to attend the Town facility or enroll in the Town program.

By signing this agreement,

- I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that me and/or my child may be exposed to or infected by COVID-19 by attending the Town facility and/or participating in the Town program and that such exposure or infection may result in personal injury, illness, permanent disability and death.
- I understand that the risk of becoming exposed to or infected by COVID-19 at the Town facility or program may result from the actions, omissions, or negligence of myself and others, including, but not limited to the Town, including its employees, volunteers, contractors, invitees, guests, as well as other Town program participants and their families.

I VOLUNTARILY AGREE, ON BEHALF OF MYSELF, MY CHILD(REN), ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MYSELF AND/OR MY CHILD(REN) (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY AND/OR MY CHILD(REN)'S ATTENDANCE AT THE TOWN FACILITY OR PROGRAM (hereinafter, "CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS THE CORPORATION OF THE TOWN OF INNISFIL, ITS ELECTED OFFICIALS, EMPLOYEES, AGENTS AND REPRESENTATIVES (hereinafter, collectively "THE TOWN), OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATED THERETO.

I understand and agree that this Release includes any Claims based on the actions, omissions, or negligence of the Town, whether a COVID-19 infection occurs before, during, or after my attendance at the Town facility or participation in the Town program. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a waiver and complete and unconditional release of all liability due to the actions, omissions or negligence of the Town or, the inherent risks of attending the Town Facility or participating in the Town program.

Name

Date

Signature

Name of Child (if applicable)