



Sundridge Strong Joly Recreation Committee

PO Box 1120, Sundridge ON, P0A 1Z0

705-384-5819

Sundridge Strong Joly Recreation Programs INFORMATION, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SUNDRIDGE STRONG JOLY RECREATION PROGRAMS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that my child is physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Sundridge Strong Joly Recreation Committee in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby assign as follows:

(A) **I WAIVE, RELEASE, AND DISCHARGE** the Sundridge Strong Joly Recreation Committee from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from or during this activity, **THE FOLLOWING ENTITIES OR PERSONS:**

The Township of Strong and Joly and the Village of Sundridge and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that the Sundridge Strong Joly Recreation Committee and their directors, employees, officers, volunteers, representatives, and agents are **NOT** responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants and pedestrians.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.



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I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, WHICH I SIGN OF MY OWN FREE WILL.

_____ Childs Full Name - Print

_____ Parent Name - Print

_____ Date

_____ Signature

One child per application form - information collected will be shared with the volunteers.

CHILDS NAME: _____ PHONE #: _____

ADDRESS: _____ AGE: _____

PARENT/GUARDIAN NAME: _____ SIGNATURE: _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____ TEL#: _____

Are there any allergies, medications or medical conditions that organizers should be aware of while the child is participating in this event? (please be detailed)

List of approved pickup person(s), for your child's safety must provide Photo ID:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____