



NEW

This Form must be filled out annually

Please check if new member

**WAIVER - PLEASE READ CAREFULLY!**

I, the applicant, acknowledge that there are inherent risks and uncertainties involved in participating in Hillsview Active Living Seniors Centre activities including that not all physical activity is suitable for everyone. I willingly accept and assume responsibility for these risks to me and of ensuring activities are suitable to my skill, fitness level, and health status.

I acknowledge and accept that there is an inherent risk of exposure to communicable diseases while participating in activities and accept that I, and any accompanying visitors, will be required to adhere to all public health directives that are in effect.

I hereby release and agree to hold harmless and indemnify Hillsview Active Living Seniors Centre from all liability for all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss, damage or illness, and possible exposure to a communicable disease which is caused by, or arises from, participation in any Hillsview activity in any location. I understand by signing this waiver that I waive the legal right to sue or claim compensation from The Hillsview Active Living Seniors Centres.

I also grant permission to Staff to call Emergency Medical Services (911) for medical treatment if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **DO YOU CONSENT** to being contacted by Centre Staff, members and/or volunteers, via e-mail/phone, regarding upcoming events and/or activities at the Centre?

\_\_\_\_\_ **DO YOU CONSENT** to being photographed/videotaped by Centre/Town Staff and/or the media during your involvement with the Centre(s) as a member/volunteer and are aware any image(s) may be used in Centre/Town publications, promotional material and/or on the Town Website.

Full Name: \_\_\_\_\_  
(First) (Last)

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name)