

POWASSAN RECREATION PARTICIPATION AGREEMENT

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

IN CONSIDERATION of allowing my minor child(ren)/ward to participate in the programs, activities and events of the Municipality of Powassan – Swimming Program and the Red Cross **I ASSURE TO YOU THAT:**

- 1. I am the parent/guardian of the above named participant(s) having full legal responsibility for decisions regarding the above named participant(s).
- 2. I believe that my child(ren)/ward is physically, emotionally and mentally able to participate in the programs, activities and events of Powassan Recreation Swimming Programming, and the Red Cross
- 3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to physical sport.
- 4. Furthermore, I am aware that my child(ren)/ward may:
 - a. Sustain injuries in organized sport that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he/she follows all rules established for participation; and
 - e. Risk of injury increases as he/she become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

- 5. I am registering my child(ren)/ward willingly and my child(ren)/ward is participating voluntarily in these activities, events and programs.
- 6. I agree that there are risks in sport as described above and my child(ren)/ward will be exposed to these risks and hazards.
- 7. I agree to accept all these risks and hazards and be responsible for any injury or other loss, which my minor child(ren)/ward might receive while participating in these events, activities and programs.
- 8. If something happens to my child(ren)/ward, I release the Organizers of responsibility for any claims, demands, actions and costs, which might arise out of my child/ward's participation. I understand "Organizers" to mean: The Municipality of Powassan, Red Cross Volunteers, Staff and program participants.

Accident Insurance

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Municipality of Powassan's insurance policy.

I ACKNOWLEDGE MAKING THIS AGREEMENT

By signing and dating below, you agree that you are the parent or legal guardian of the player(s) being registered and to be bound by this Legal Agreement even if you have not read the agreement. Digital submissions without signature will be considered acknowledged and signed.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

NOTICE OF COLLECTION Sec 29(2)

The personal information collected on this form is collected under the Authority of the Municipal Freedom of Information, Privacy and Protection Act Section 31(b) and will be used to address service issues within the Municipality. Questions about this collection should be addressed to:

Lesley Marshall, Deputy Clerk 466 Main Street, Powassan ON POH1Z0 705-724-2813 ext. 221 lmarshall@powassan.net