

TOWN OF LEGAL - REGISTRATION FORM

ADULT

Last Name of Adult Participant	First name of Adult Participant		
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Mailing Address	Town/Municipality	Postal Code	<input type="checkbox"/> Rural <input type="checkbox"/> Urban
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Phone Numbers Home: _____ Work: _____ Cell: _____	Email Address (if you would like to receive information on this program or future programs via email)
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Emergency Contact & Phone Number: _____

Medical/Allergy Information: _____

I give permission for medical/allergy information listed to be released to the necessary persons directly involved with the program.

Participant(s) Last Name	First	Program Name	Fee

<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> INTERAC <input type="checkbox"/> MONEY ORDER <i>Please make cheques payable to the Town of Legal</i>	TOTAL FEES	
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GL No.:	<u>Office Use</u>	Receipt No.:
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- Registration is on a First Come, First Served basis.
- Pre-Registration is necessary for all programs. A person is not considered registered unless payment for the program(s) has been received.
- Payment for registered programs is required prior to participation.
- Please review registration confirmation for specific dates and times.
- In the event that the program is cancelled, registrants will be refunded in full.
- Classes may also be cancelled due to unforeseen maintenance, rentals or special events.
- Program registration fees are non-refundable and refund/cancellation requests made after registration will not be accepted.

LIABILITY AND PERSONAL INFORMATION WAIVER

The personal information provided will be used to register yourself in a Community program or activity and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator with the Municipality providing the program.

I hereby authorize do not authorize (*check one*) the Municipality to use photographs taken of the aforementioned individual(s) while attending or participating in Community Services programs and activities (scheduled or unscheduled) sanctioned by the Municipality. Photographs may be used to promote the Municipality's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, _____, have informed myself of any and all risks that could take place due to my participation with the program and hereby release the Municipality or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself. I acknowledge having read and understood this release and accept the terms therein.

Signature of Adult Participant: _____

DATE: _____



CONSENT TO PHOTOGRAPH/VIDEO OF AN ADULT

PHOTO/VIDEO RELEASE AUTHORIZATION OF AN ADULT

I, the undersigned, give permission to the Town of Legal, and/or parties designated by the Town of Legal to photograph/video me and use such photograph(s)/video(s) in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use for an indefinite period from the date of this consent and authorization.

I consent to the use of my name in connection with the photograph(s)/video(s) if needed by the Town of Legal and/or parties designated by the Town of Legal.

I understand and agree that I will not receive any payment or royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release the Town of Legal and/or any parties designated by the Town of Legal from any such claims.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

Signature of Subject

Signature of Witness

Print Name

Print Name

Date

Date

This information is being collected under the Authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and may be used for the administration of the Town of Legal programs, public relations events and for any and all promotional purposes. If you have any questions about the collection, use and disclosure of this information please contact the Town of Legal.