



REGISTRATION WAIVER

SUMMER PLAYGROUND

Parents' Last Name:	Parents' First Name:	
Reside in: Legal <input type="checkbox"/> Sturgeon County <input type="checkbox"/> Other _____	Mailing Address:	Postal Code:
Phone Numbers: Contact # _____ Alt Contact # _____ Emerg Contact # _____		

Childs' Name:	Age:	
Medical or Behaviour Concerns:		
Childs' Name:	Age:	
Medical or Behaviour Concerns:		
Childs' Name:	Age:	
Medical or Behaviour Concerns:		

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT

This information is being collected under the Authority of Section 33 (c) of the (FOIP) Act and may be used for administration of the Town of Legal recreation programs, public relations, events and for any and all promotional purposes.

Section 38 of the FOIP Act, requires the Town to protect personal information against such risks as unauthorized access, collection, use, disclosure or destruction, and the Town may use personal information only for the purpose for which it was collected for. Section 39 (1) states that the Town may use personal information only for which the information was collected or compiled or for use consistent with that purpose; if the individual the information is about has identified the information and consented, in a prescribed manner, to the use; or for a purpose for which the information maybe disclosed to the Town under section 40, 42, 43.

RELEASE OF LIABILITY

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 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*.

I acknowledge having read and understood this release and accept the terms therein.

Signature of Applicant: _____ **Date:** _____



PHOTOGRAPH/VIDEO CONSENT & RELEASE WAIVER

I, the undersigned, give permission to the Town of Legal, and/or parties designated by the Town 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 the 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 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.

Print Name: _____

Signature of Witness: _____

Signature: _____

Date: _____

PHOTOGRAPH/VIDEO CONSENT & RELEASE WAIVER - MINOR

I _____ am the legal guardian of _____ and hereby authorize the Town of Legal to use the name/image of the child named above in its public relations communication material created for an indefinite period from the date consent is signed. I realize that I may withdraw my consent in writing at any time by contacting the Town of Legal in writing.

I understand that the photograph(s) may be used in publication, print advertisement, direct-mail piece, electronic media (e.g., video, CD-ROM, internet, World Wide Web, Social Media, etc.) or other form of communication.

In giving my consent, I hereby release and hold harmless, the Town and their agents, employees, officials, representatives and contractors from any and all responsibility or liability from damage of any kind suffered in any manner whatsoever.

I hereby relinquish and all personal or proprietary rights I or my child may have in connection with such use. I understand that neither I nor my child shall receive any compensation should any photograph of my child named above be used.

Print Name: _____

Signature of Child (if over 14): _____

Signature of Witness: _____

Signature of Parent/Guardian: _____

Date: _____

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I acknowledge having read and understood this release and accept the terms therein.

Signature of Applicant: _____

Date: _____



WALK HOME ALONE WAIVER – CHILD/YOUTH

Dear Parents:

Please be aware that permission must be given in order for our instructor to release your child/ren from the program to walk themselves home or have transportation provided by another person other than their parent/s or guardian. If this is applicable to your child, please sign below and return this to the instructor.

I (the undersigned) allow my child/ren _____, to be released from the _____ program to walk home.
(Name/s)

I (the undersigned) give the following people the permission to provide my child/ren with transportation home:

Name	Relation
_____	_____
_____	_____
_____	_____

Please check box:
Every day of program
Just today _____
(Date of program)

Please print your name: _____

Phone: _____

Signature of Parent/Guardian: _____

Date: _____