



# REGISTRATION WAIVER

<b>Last Name:</b>		<b>First Name:</b>	
<b>Mailing Address:</b>		<b>Postal Code:</b>	<b>Reside in (<i>please check one</i>):</b> Legal <input type="checkbox"/> Sturgeon County <input type="checkbox"/> Other _____
<b>Phone:</b>		<b>Alt/Emerg Contact:</b>	
<b>Email Address:</b>			
<b>Last Name (Registrants):</b>	<b>First Name:</b>	<b>Program Name:</b>	<b>Fee:</b>
<input type="checkbox"/> <b>CHEQUE</b> <input type="checkbox"/> <b>CASH</b> <input type="checkbox"/> <b>INTERAC</b> <i>Please make cheques payable to the Town of Legal</i>			<b>Total:</b>

**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:** \_\_\_\_\_

<b>OFFICE USE</b> <b>GL NO:</b>	<b>DEPOSIT NO:</b>
	<b>RECEIPT NO:</b>