



Activity Haven Senior Centre (Peterborough)

Receipt, Release, Waiver, Indemnification & Acknowledgement

Between:

Party of the First Part

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ E-Mail: _____

Cell Phone: _____ Birthdate: _____

Activity Haven Senior Centre (Peterborough)

Their agents, servants, employees, officers and volunteers

Parties of the Second Part

In consideration of the services or facilities provided by **Activity Haven Senior Centre (Peterborough)** and the other "Parties of the Second Part", **we do hereby release and forever discharge** the Parties of the Second Part, their agents, employees, servants and volunteers from all manner of actions, causes of actions, claims or demands which we now have or shall have, against the Parties of the Second Part, for or by reason in any way arising out of **Activities or Programs**, scheduled to occur throughout the period of membership.

Release and Waiver

This Release and Waiver is executed on behalf of myself, my heirs, executors, administrators, successors and assigns. **We hereby release, waive and forever discharge** the Parties of the Second Part, and all other associations, sanctioning bodies and sponsoring companies **of and from all** claims, demands, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss of damage to my person or property **howsoever caused**, even if caused by the negligence of the Parties of the Second Part, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event.

I the undersigned do hereby consent and agree that Activity Haven, its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use there is any and all media, now or hereafter known, and exclusively for the purpose of Activity Haven.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Activity Haven, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately to market the club. I waive any rights claims or interest I may have to control the use of my identity or likeness in whatever media used.

Please initial on the highlighted squares

The Part of the First Part hereby recognizes and agrees that any risk, or possibility of injury or damage arising out of the provision of services or facilities by the Board, is voluntarily assumed.

Indemnification

We further undertake to hold and save harmless and agree to indemnify the Parties of the Second Part from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event or activity.

By submitting and executing this form and Agreement, **I acknowledge having read, understood and agreed to the above release, waiver, indemnity and acknowledgement.**

_____ dated at Peterborough, Ontario

Signature (Participant, Parent or Guardian) This _____ day of _____ 20_____

Emergency Contact/Name of nearest relative or friend:

Name: _____ Relationship: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell Phone: _____

Do you have any of the following ailments? (Please indicate, even if ailment is controlled by medication.)

Heart Condition () Diabetes () High Blood Pressure () Low Blood Pressure ()

Other: _____

Volunteer Work Interest

Would you like to become one of our volunteers? _____

If yes, please indicate below which are of volunteer work interests you.

Kitchen Duty () Planning () Cooking () Serving () Food Prep () Cleaning Up () Instructing ()

Convenor of Programs () Comments/Other: _____

What is your area of interest? Financial Administration Fund Raising

Policy & Procedures Health & Safety

Have you ever been on a Board? Yes No

How did you hear about Activity Haven? _____