



GEORGINA



Town of Georgina - Puddle Jump Consent Form

Note: if you are under 18 years of age, you must have a parent/guardian's consent to participate.

Helmets are strongly recommended

This information must be completed and submitted prior to your participation in the Puddle Jump held at the Town of Georgina (The ROC – 26479 Civic Centre Rd.)

Contact information

Full name: _____ Phone number: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Email: _____ Birth date: _____

Emergency contact

Emergency contact name: _____

Relation: _____ Phone number _____

Release of liability

I hereby release, waive and forever discharge the Corporation of the Town of Georgina, its employees, agents and contractors from all claims, demands, actions, causes of action, damages, costs and expenses of any kind in respect of death, injury, loss or damage to my person or to the named child or to my property, howsoever caused, arising or to arise by reason of my participation or to the named child's participation in any program in any location where the program is held. By signing this form, I acknowledge having read, understood and agreed to this waiver and release. I hereby give permission to have staff arrange for any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage.

Photo release

I, _____ hereby grant the Corporation of the Town of Georgina (the "Town of Georgina") the irrevocable right to use my name/photograph/image/audio recording/video recording/ and likeness OR the name/photograph/image/audio recording/video recording/ and likeness of the minor referred to above ("My Image") in all forms and manner including but not limited to publication on Internet websites, broadcasts and any other publications as released to or by the Town of Georgina. I understand the Town of Georgina cannot control unauthorized use of My Image by persons not associated with the Town of Georgina once My Image has been published. I hereby forever waive any right to inspect or approve any publication of My Image by the Town of Georgina.

I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this release and waiver. I understand the above-identified personal information is being collected and published for purposes related to the Town of Georgina's public image. The Town of Georgina adheres to all applicable provisions of the Municipal Freedom of Information and Protection of Privacy Act

Participant's name: _____ Signature: _____

If you are under 18 years of age, you must have consent from a parent/guardian to participate:

Parent/guardian name: _____ Signature _____

For all inquiries, contact the ROC Ticket Office

Phone: 905-476-8834

Email: georginaroc@georgina.ca