

Brockville 50+ Activity Centre
(Formerly the Shepherd's Welcome Centre)
Participant Waiver of Liability Form

Name (Please Print): _____

Emergency Contact Information:

Name: _____

Phone#: _____

I, the undersigned participant in one or more Brockville 50+ Activity Centre's classes or activities, as a condition of my participation, hereby for myself, my heirs, executors and administrators, waive any and all claims, in connection with or arising out of my participation or any injury to myself related hereto, I may have now or in the future against the Brockville 50+ Activity Centre, its class or activity organizers, instructors, leaders, and other volunteers.

NOTE: It is mandatory to report any accident to the Centre office within 24 hours of occurrence. This is to ensure compliance with government health and safety regulations.

I also authorize the Brockville 50+ Activity Centre to routinely correspond with me using the Email address below where provided.

Age Bracket:

To help us to continue to plan and implement activities and programmes that best fit the needs and abilities of our participants, we are asking that you please indicate below your age bracket. The confidentiality of this information, as with your email address, will be preserved by the Brockville 50+ Activity Centre. However, feel free to leave this portion of the waiver form blank if you so wish. Many thanks for your cooperation in this matter.

Gender: M F:

50-54 55-59 60-64 65-69

70-74 75-79 80 and over

Also please advise if you were a Centre participant last semester- Yes No

Signed _____ Date _____

Phone No _____ Email _____

(Please enter clearly)