

Seniors' Services Membership Registration Form

Town of Whitby Seniors' Services

801 Brock Street South, Whitby ON L1N 4L4

Phone: 905.668.1424 whitby.ca/seniors



Are you a new applicant? yes no

If no, has your home address, email address or telephone number changed? yes no

Participant Information - Please print clearly

Last Name	First Name	Date of Birth (mm/dd/yyyy)
Home Address		
City/Town	Postal Code	Email
Home Phone	Business Phone	Cell Phone

Emergency Contact Information - Please print clearly

Last Name	First Name
Phone Number	Alternate Phone Number

****Please see back for Seniors' Services Membership Waiver****

Return form to:

Whitby Seniors' Activity Centre, 801 Brock Street South, Whitby, ON L1N 4L4 Phone: 905.668.1424
Brooklin Community Centre and Library, 8 Vipond Road, Brooklin, ON L1M 1B3 Phone: 905.655.2010

Seniors' Services Membership Waiver

Recommendation

You are urged to consult with your family doctor prior to participating in physical activity(ies)/ program(s)/ event(s) offered by the Corporation of the Town of Whitby Seniors' Services (the "Town of Whitby Seniors' Services").

Assumption of Risks

The participant acknowledges that I am physically and medically fit to participate and voluntarily assumes any risk of injury or damage in connection with participating in the activity(ies)/ program(s)/ event(s). The activity(ies)/ program(s)/ event(s) may present various elements of risk. Accidents resulting from such activity(ies)/ program(s)/ event(s) may occur and cause injury. The participant assumes the risk associated with the activity(ies)/ program(s)/ event(s).

Waiver of Liability, Release and Indemnification

In consideration of my being permitted to participate in any activity(ies)/ program(s)/ events(s) offered by the Town of Whitby Seniors' Services, I, myself, my heirs, executors, administrators, successors and assigns do hereby release and forever discharge, waive and save harmless, defend, protect and keep indemnified the Town of Whitby Seniors' Services and all of their respective agents, employees and representatives from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death, injury, loss or damage, to my person or property, however, caused arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the activity(ies)/ program(s)/ events(s) as a participant.

Consent to Medical Treatment

The participant hereby gives their permission for the Town of Whitby Seniors' Services employees to provide or arrange for such first aid or other medical treatment or care, including but not limited to transportation to hospital, as such employee may consider necessary or advisable. I understand that all costs related to such actions shall be the participant's responsibility and I agree to pay for and/or reimburse the Town of Whitby Seniors' Services for whatever costs that are incurred.

Photo Waiver

In the course of all program activities, photos may be taken and audio and/or visual records may be made. The Town of Whitby Seniors' Services reserves the right to use all photographs and videos of all our activity(ies)/program(s)/event(s) for promotional purposes.

Personal Information

Personal information collected on this form is collected under the authority of the Municipal Act, S.O. 2001, c.25 and will be used for the purpose of program registration, payment, aggregate statistical reporting and allocation of staff resources. Questions of this collection should be addressed to the Corporation of the Town of Whitby, Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.

Acknowledgement

I, _____ acknowledge that I have CAREFULLY read, understood, and will abide by The Corporation of the Town of Whitby's Public Code of Conduct, Privacy Policy and Terms of Town of Whitby Seniors' Services Membership.

Signature

Print Name

Date