



# Town of Whitby Seniors Services

## MEMBERSHIP REGISTRATION FORM PERSONAL INFORMATION

\_\_\_\_\_  
(Last Name) (First Name) Gender (M/F)

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(Month) (Day) (Year)

LIVING ARRANGEMENTS: With Family  Alone

## EMERGENCY INFORMATION

CONTACT IN CASE OF EMERGENCY WITHIN THE LOCAL AREA

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone)

### ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT

**YOU ARE URGED TO CONSULT WITH YOUR FAMILY DOCTOR PRIOR TO PARTICIPATING IN PROGRAMS/EVENTS OFFERED BY THE TOWN OF WHITBY SENIORS SERVICES.**

#### RELEASE AND INDEMNIFICATION

The Town of Whitby Seniors Services will make available the opportunity of participating in activities and programs to its members. This activity/program may present various elements of risk. Accidents resulting from such activities may occur and cause injury. The participants assume the risk associated with the activity.

#### ACKNOWLEDGEMENT

I, \_\_\_\_\_ understand and accept the above and provide the Town of Whitby Seniors Services with the following waiver of liability and indemnification agreement.

#### WAIVER OF LIABILITY

I, \_\_\_\_\_ hereby release the Town of Whitby Seniors Services and its staff and agents from any and all liability **unless caused by Town of Whitby negligence** for any injury sustained by me, resulting from my participation in the activity arranged through the Town of Whitby Seniors Services.

This document shall only be considered an acknowledgement of risk and will not absolve the Town of Whitby of negligence arising out of their operations.

**Membership Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_