



Town of Whitby Seniors Services

MEMBERSHIP REGISTRATION FORM

The purpose of Whitby Seniors Services is to enhance the quality of life for citizens 55 years of age and older providing programs, services, and volunteer opportunities in order to develop, and improve new skills, interests, leading to healthy aging and a safe and healthy community. The services are designed to reflect local community recreational needs in a cost-effective manner.

PERSONAL INFORMATION

Miss Mrs Ms Mr

(Last Name) (First Name)

ADDRESS _____ APT # _____

TOWN/CITY _____ POSTAL CODE _____ PHONE _____

DATE OF BIRTH _____ EMAIL:
(Month) (Day) (Year)

LIVING ARRANGEMENTS: with Spouse with Family Alone

EMERGENCY INFORMATION

CONTACT IN CASE OF EMERGENCY WITHIN THE LOCAL AREA

(Name) (Telephone)

Membership Number _____

PIN Number: _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

PLEASE READ BEFORE SIGNING

**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 FORM

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.

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, SO2001, c.25 and will be used for the registration purposes in requesting recreation programs(s). Questions regarding the collection of personal information should be directed to the Records Manager, 575 Rossland Road East, Whitby, ON L1N 2M8.