



The Township of Minden Hills
Sunday Shinny

Participant's Name _____

Age _____ Health Card # _____

Parent/Guardian's Name _____

Address _____

Phone Number (h) _____ (w) _____

Alternate Emergency Contact (name and phone number)

Photo Release and Assumption of Risk

a) For marketing and promotional purposes, the township of Minden Hills documents it's programming and events through photos and video. I, _____ hereby consent that photos/video can be taken of my child/myself for the following purpose: promotion, grant proposals, newspaper articles and websites

b) in consideration of The Corporation of the Township of Minden Hills permitting me/and or the person (s) listed above to participate in the Sunday Shinny recreation program, I, for myself, for the person (s) listed above and for all the persons who may be entitled to make a claim, hereby release, discharge and indemnify and save harmless The Corporation of the Township of Minden Hills, and its agents, volunteers and employees from any and all claims by whosoever made for damages, liabilities or losses arising from injury to or death of myself and/or person (s) listed above and property by reason of my and/or his/her participation in the Sunday Shinny recreation program or by reason of the provision of medical care to me and/or him/her.

DATE

PARENT/GUARDIAN SIGNATURE