



**City of Belleville
Recreation, Culture and Community Services Department**

2018 Waiver, Information and Medical Form

Participant's Name: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Parent or Guardian Name: _____

Participant's Date of Birth: Day: ____ Month: ____ Year: ____

E-mail address: (consent for notification/promotional purposes): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Contact Phone Number: (Home) _____ (Work): _____

Family Doctor Name: _____ Doctor's Phone Number: _____

Can you/the participant, take part in all required activities? YES NO
(Please request a **Get Active Questionnaire** if you have any health concerns)

Medical Information: (allergies, seizures, diabetic, or other) please provide details:

Name of Drug	Dosage and Administration	Times Given
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you or the participant carry and know how to administer his or her or your own medication or medications? Yes: No:

PLEASE NOTE: In the event of accident or illness involving the above named participant while attending a program, I hereby authorize, the administration of any medical procedure deemed necessary and an ambulance may be called, if required. Staff is not to administer medication (with the exception of epinephrine).

WAIVER:

I, the undersigned, do hereby release and agree to indemnify and save harmless the Belleville Recreation, Culture & Community Services Department and their respective employees or agents from all claims for loss, injury, or damage to persons and property while participating in or traveling to and from the activity, which I or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

Date: _____ **Participant's Signature:** _____
(Month/Day/Year) (Guardian to sign if participant is under 18 yrs)

Supplemental Information

Please complete this section to ensure a more positive experience.

Does the participant have any issues that require consideration or accommodation?
If yes, please specify. _____

Is there any additional information or special requirements (including dietary) that
you would like our Leaders to be aware of in order to provide a safe program
environment? _____

Does the participant require an assistive device? If yes, please specify. _____

Does the participant require a support person for their program? Yes No

If you answered YES to any of the above questions, please contact the
Recreation, Culture and Community Services Department at 613-966-4632 so that
we can discuss this with you to ensure a positive experience for each participant.

PHOTO RELEASE FORM:

I consent that the City of Belleville has the absolute right and permission to publish or use any
and all photographic portraits, pictures or video taken of any members of my family while
participating in their programs.

By signing this consent I understand that the photograph will be used in good taste and solely
for the promotional purposes of the Corporation of the City of Belleville including the City's
website and social media and the City will not sell the photograph, any prints or reproductions of
the original or the negatives under any circumstances without my written consent and
permission.

I hereby **waive any right** that I may inspect and/or approve the finished product that may be
used in connection therewith or the use to which it may be applied.

I have read the above authorization and release, prior to its signature by me. I understand the
authorization and I confirm that I have had the opportunity to have it explained to me and that
any questions I may have with respect to the authorization have been answered to my
satisfaction.

Date

Signature of Participant (Guardian to sign if participant is under 18 yrs)

To the extent that the foregoing information constitutes personal information under the
Municipal Freedom of Information and Protection of Privacy Act, 1989, the information is
collected under the authority delegated to the City of Belleville by virtue of the Revised
Statutes of Ontario and will be used for the purposes indicated or implied by this form.
Questions about the collection of personal information should be directed to:
City Clerk, City Hall, Belleville, Ontario K8N 2Y8, Telephone (613) 968-6481