



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

# 2019 Program Waiver Form

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Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (Main) \_\_\_\_\_ (Work) \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

## **WAIVER:**

I, on behalf of myself and the Registrants, do hereby release and agree to indemnify and save harmless the City of Belleville's 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 travelling 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. I acknowledge that there are risks associated with the program for which I am registering and those risks have been accepted by me as my risk or the registrant's risk. I acknowledge that I am of full legal age, or if not, I am the parent or guardian of the registered participant and have the authority to execute this on their behalf and on my behalf.

Date: \_\_\_\_\_  
(Month/Day/Year)

Participant's Signature: \_\_\_\_\_  
(Guardian to sign if participant is under 18 yrs)

**Notice of Collection:** All information, including Personal Information, collected by the City of Belleville is done so under the authority of the Municipal Act, 2001 and the Municipal Freedom of Information and Protection of Privacy Act, each as amended and will be used for the administration of the City of Belleville's recreation programs and facilities and the wellness passport program. Questions about the collection of this personal information should be directed to: City Clerk, 169 Front Street, Belleville ON K8N 2Y8, Telephone: 613-968-6481.

Office Use: Waiver Form Entered in Legend Yes

Entered by: \_\_\_\_\_ (Staff Initials) Date: \_\_\_\_\_