

MUNICIPALITY OF THE DISTRICT OF WEST HANTS & PARKS RECREATION DEPARTMENT
REGISTRATION FORM

Program Name: _____

Program Date(s): _____

Participant's Name: _____

E-mail Address: _____

Home Phone # _____ Cell/Work Phone # _____

Special Health Considerations (Medical/Mental Health, Allergies): _____

Person to Contact in Event of Emergency: _____

Home Phone # _____ Work/Cell Phone # _____

Do you have any previous experience with Mountain Biking? Please explain: _____

We endeavour to make our programs safe and enjoyable, inclusive and beneficial to all participants. What are your own hopes and/or concerns about participating in this program? Is there anything special you would like us to know?

Do you need a bike loan? What is your height? _____ Do you need a helmet loan?

How did you hear about our program? _____

Video/Photograph Consent YES NO

We occasionally take photos to document a group learning experience, which could then be used in our promotional and/or educational materials. Permission is granted for the Municipality of West Hants to use still photographs or video footage of this participant for these purposes.

IT IS UNDERSTOOD AND AGREED THAT THERE IS A RISK IN ANY PROGRAM AND THE MUNICIPALITY OF THE DISTRICT OF WEST HANTS, ITS STAFF AND ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS AND ITS SPONSORS ARE IN NO WAY RESPONSIBLE FOR THE DAMAGE TO OR LOSS OF PROPERTY, INJURY OR DEATH TO PARTICIPANTS.

I, THE UNDERSIGNED, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE THE MUNICIPALITY OF THE DISTRICT OF WEST HANTS, THEIR SUCCESSORS AND ASSIGNS, OR AND FROM ALL MANNER OF ACTIONS, CAUSES OF ACTION, DEBTS, ACCOUNTS, COVENANTS, CONTRACTS, CLAIMS AND DEMANDS WHICH I EVER HAD, NOW HAVE OR MAY HAVE OR WHICH MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS OR ANY OF THEM HEREINAFTER CAN, SHALL OR MAY HAVE, FOR OR BY REASON OF ANY CAUSE, MATTER OF THING WHATSOEVER.

I, THE UNDERSIGNED, FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS THE MUNICIPALITY OF THE DISTRICT OF WEST HANTS, ITS STAFF AND ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS AND ITS SPONSORS FROM ALL CLAIMS, INCLUDING COSTS ON A SOLICITOR AND CLIENT BASIS, ARISING FROM ANY LOSS, INJURY OR DEATH SUFFERED BY ME ARISING OUT OF PARTICIPATING IN ANY RECREATIONAL PROGRAM OF THE MUNICIPALITY OF THE DISTRICT OF WEST HANTS.

Date: _____

Participant Name

I, the above named participant for the program specified above, assume all risks and hazards incidental to the conduct of the activities and transportation to and from the program.

Refunds for all workshops, clinics, bus trips, and special events will **ONLY** be issued with one full week's notice prior to their commencement unless otherwise specified. All refunds will be subject to a \$5.00 cancellation fee unless the program is cancelled by our Department. **NO REFUNDS** will be issued to persons once the program has commenced. An exception will be considered if illness or injuries are reasons for cancellation. A \$5.00 cancellation fee will be charged and proof of illness or injury is required from a doctor.