



# Township of Algonquin Highlands

1051 Main Street, Box 99 • Dorset, ON P0A 1E0 • Tel: (705)766-9968 • Fax: (705) 766-9688

## Aqua fit - 2019 REGISTRATION FORM

Participants Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home/Cottage Phone: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Sessions	Registration					For Office Use Only
	Mon.	Tue.	Wed.	Thur.	Fri.	
Session 1- July 8 - 12, 2019						
Session 1 - July 15 - 19, 2019						
Session 2 - July 22 - 26, 2019						
Session 2 - July 29 – Aug.2, 2019						
Session 3 - August 12 - 16, 2019						
Session 3 - August 19 - 23, 2019						

Cancellation Policy – 60% with more than 7 days' notice, 40% with less than 7 days' notice prior to the start of program.

	2 week Session	Daily
	\$ 67.44	\$ 8.43
HST	\$ 8.77	\$ 1.10
<b>TOTAL</b>	<b>\$ 76.21</b>	<b>\$ 9.53</b>

Fill in the dates that you would like to enrol for with an **X**. Signed Registration Form and Payment in full is required to enrol in the Aqua fit program.

**ELEMENTS OF RISK:** In consideration of participating in the Activity I acknowledge that:

Participating in the Activity involves certain elements of risk including but not limited to cuts, abrasions, sprains, fractures, spinal injury, brain injury or even death. The risk of sustaining injury can result from the nature of the Activity itself, natural and manmade, climatic conditions, the actions of third parties and the physical condition and actions of the participants.

The risk of sustaining these types of injuries can occur without any fault of the participant, or the Township of Algonquin Highlands, its employees, volunteers, agents, program partners, council members, committee members or the facility where the Activity is taking place. By choosing to participate in the Activity, I am fully accepting the risk that injury or death may occur.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Township of Algonquin Highlands and its employees, volunteers, agents, program partners, council members, committee members, officials and officers from all claims, demands, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in the Activity at the Township of Algonquin Highlands.

I FURTHER AGREE to hold harmless the Township of Algonquin Highlands from and against any and all liability arising from or as a result of, my participation in the Activity at the Township of Algonquin Highlands.

In order to participate, I HEREBY AGREE to do so at my own risk. I freely accept and fully assume all risks, dangers and hazards associated with the activities and the possibility of person injury, death, property damage or loss resulting therefrom.

**BY SIGNING this form, I acknowledge having read, understood and agreed to accept all of the above information.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date (DD/MM/YYYY)