



Fit Nish Day Camp

Which session?

- June 10 in Kenora or
 June 17 in Couchiching First Nation

PARTICIPANT REGISTRATION FORM

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please note any medical conditions the organization should be aware of:

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Day Phone: _____ Night Phone: _____

Email: _____ Preferred Language: _____

Emergency Contact: _____ Emergency Phone: _____

ASWCO Waiver & Release of Liability

In consideration of being permitted to participate in ASWCO programming and related activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from activities involved in ASWCO is significant, and while rules, equipment, and personal discipline may reduce this risk, the risk does exist;
2. I knowingly and freely assume that all such risks, known and unknown, even if arising from the negligence of ASWCO, referees, volunteers, and/or employees, players, sponsors, advertisers, and if applicable, owners/lessors of premises used, and any related events and/or activities (the releasee(s)), and assume full responsibility for my participation;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the releases, with respect to any and all injury, disability, loss or damage to person or property, whether caused by the negligence of the releasee(s) or otherwise.
5. I understand that photos or videos may be captured for the sole purpose of promoting ASWCO and its programming. I give permission for videos or photos to be taken during the event.

*This is to certify that I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her release as provided by all of releasee(s), and for myself, my heirs, assigns, and next of kin, I have read this waiver and release of liability. I fully understand its terms and agree to indemnify the releasee(s) from any and all liabilities to my minor child's involvement or participation in the program as provided above. Also, I confirm that the above information is true and correct to the best of my knowledge. *If participant is under the age of 18, a parent or legal guardian must sign.*

Signature: _____

Date: _____