Town/Municipality: Town of Winnipeg Beach

Name of Facility: Winnipeg Beach Community Centre

**Description of Activity**: Line dancing sessions Tuesdays 7:00pm to 8:30pm

**Date(s) of Activity*:*** September 21 to November 9

THIS FORM MUST BE READ AND SIGNED BY ALL WHO WISH TO PARTICIPATE.

Elements of Risk:

Recreational activity programs, such as the use of exercise equipment involve certain elements of risk. Injuries may occur while participating in these activities.

Following are examples of the types of injury which may result from participating in the above activity. There may also be risk of other types of injury.

* Scrapes, cuts, bruises
* Strains, sprains, pulled muscles or ligaments
* Possible fractured or broken bones (such as arms, legs, hips)

Acknowledgement:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and accept the above and provide the Town of Winnipeg Beach with the following waiver of liability and indemnification agreement:

Release and Indemnification Agreement:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release the Town of Winnipeg Beach and its agents from any and all liability for any injury sustained by me, regardless of how caused, resulting from my participation in the exercise program beginning September 21, 2021 and running until November 9, 2021 on the dates listed above.

I further agree to indemnify and save harmless the Town of Winnipeg Beach and its staff and agents from any and all suits, demands, torts, and actions of any kind which may be brought against its staff or agents for which it/they may become liable by reason of injury, loss, damage or death resulting from, or occasioned to, or suffered by any person or any property, by reason of any act, neglect, or default of mine.

Acknowledgement:

I have read the above. I understand that in participating in the activity described above, I am assuming the risks associated with doing so.

**Name of Participant:** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/2021

mm dd

Signature of Parent or Guardian (If under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number: Day**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cellular**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fees: $50**