

BOYLE ACTIVITY COUNCIL

BOYLE ACTIVITY COUNCIL PROGRAM PARTICIPANT FORM FOR ADULTS OVER THE AGE OF 18

PROGRAM NAME: _____

SESSION: _____

YEAR: _____

DAY (select one): _____

LOCATION: *Boyle Community Centre
Charlotte St., London, ON*

TIME OF PROGRAM: _____

The Boyle Activity Council (BAC) provides many varied opportunities for local residents to enjoy the important benefits of participating in a variety of recreational activities. We want you to experience these benefits safely and comfortably while recognizing that participation in any physical activity entails some sort of risk.

Program Participant Information (please print):

Name _____

Address _____ Postal Code _____

Telephone _____ Email _____

I, the undersigned, do hereby acknowledge that:

I realize that participation in the activity I have signed up for with the BAC entails the risk of injury and I accept this potential for risk as my own personal responsibility.

I agree that by participating in the activities with the BAC, I hereby release and hold harmless the Boyle Activity Council, their officers, agents, employees and volunteers for any injury to myself or my property as a consequence of the activities I am participating in, or have signed up for, or resulting from any other reason including negligence.

I give permission to be photographed for promotional purposes (e.g. flyers):

Dated at London, Ontario this _____ day of _____

(Signature of Participant (over the age of 18))

FOR BAC USE ONLY:

Amount Received: _____ Cash Cheque BAC member initials: _____