



The Corporation of the Township of
NORTH KAWARTHA

Winter 2022

Senior Figure Skating Club Registration Form

P.O. Box 550, 280 Burleigh Street
Apsley, Ontario K0L 1A0
(705) 656-4445
Fax: (705) 656-4446
Toll Free: 1-800-755-6931
www.northkawartha.ca

Name of Skater:	Date of Birth: dd/mm/yyyy	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:
Home Phone: () -	Cell Phone: () -	E-mail address:
Name of Parent/Guardian:	Emergency Contact Name:	Emergency Contact Phone:
Allergies/Medical Conditions (if yes, please specify): <input type="checkbox"/> No <input type="checkbox"/> Yes		

February 01, 2021 to March 31, 2022					Fee Calculation
Senior/Adult	Ages 16 and up	Tuesday and Thursday (18 lessons)	5:00 – 5:50 pm	<input type="checkbox"/> \$130	
Senior/Adult	Ages 16 and up	Tuesday Only (9 lessons)	5:00 – 5:50 pm	<input type="checkbox"/> \$70	
Senior/Adult	Ages 16 and up	Thursday Only (9 lessons)	5:00 – 5:50 pm	<input type="checkbox"/> \$70	
Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	____ Staff	Total Due:

Figure Skating Club Waiver

Understanding that Skating can be a dangerous sport, and IN CONSIDERATION of the acceptance of my application and the permission to participate as a student in the NORTH KAWARTHA SKATING CLUB, I, for my self, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Signature of Participant: _____ Date: _____

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: _____ Date: _____

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Sports Program.

PHOTO WAIVER

I, _____, hereby give permission for the Township of North Kawartha to use any photos taken of my child during this event in publications, Township website and/or Social Media applications.

Signature of Parent/Guardian: _____ Date: _____



**NORTH KAWARTHA PARTICIPANT ACKNOWLEDGEMENT,
 RELEASE, INDEMNITY, AND ASSUMPTION OF RISK REGARDING COVID-19**

A. I, _____; or
 (use A if 18 years or older)

B. I/We, _____ being the parent(s)/legal guardian(s) of
 _____ (herein "my/our child")

(complete B if participant is under 18 years)

hereby acknowledge and agree that, in consideration of:

- A. my participation; or
- B. the participation of _____
 (complete B if participant is under 18 years)

in activities ("Activities") organized or operated by The Township of North Kawartha:

NK Skating Club _____ Fit Ctr Member _____ Gymnastics _____ Adult Hockey _____

Other _____

1. I/We acknowledge that the World Health Organization has classified the Coronavirus Disease ("COVID-19") outbreak as a global pandemic and am/are aware of the risks of COVID-19. I/We specifically acknowledge and agree that I am/we are aware of the risks to personal health, including by the failure to follow physical distancing protocols, flowing from COVID-19, and that I am/we are assuming, on my own behalf and, if signing on behalf of a participant under 18 years, on their behalf, all health risks and adverse health related consequences caused by or arising from engaging in any Activities (the "Assumed Risks").
2. I/We acknowledge that the Organizers are implementing the **Ontario COVID-19 Protocols ("Protocols")**. I/We specifically acknowledge and agree that I am/we are aware of Protocols, that I/we will abide by the Protocols, and that the Protocols are subject to all federal, provincial and municipal laws, regulations, by-laws and orders as they may exist from time to time.
3. I/we hereby release the the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns and volunteers ("**Releasees**") from all liability, recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of all damages, personal injuries, death, or property losses which I/we may suffer arising out of or connected with the Assumed Risks, the content or implementation of the Protocols (including without limitation the conduct of any screening of any individual), and the preparation for, or participation in, the Activities, notwithstanding that any such losses were caused solely or partly by the negligence of any of the Releasees.

4. I/we do hereby agree to indemnify and hold harmless the Releasees from any and all damages or losses of any kind as a result of any and all claims, demands, causes of action of any kind whatsoever including those involving negligence on the part of any of the Releasees that may be made or initiated by, or on behalf of my/our child, arising out of or connected with the Assumed Risks as they relate to me/us and/or my/our child, the content or implementation of the Protocols as they relate to me/us and/or my/our child, and my/our child's preparation for and/or participation in any of the Activities.
5. And, I/we hereby acknowledge and agree:
- (a) that I/we understand that none of the Releasees assumes any responsibility whatsoever for my safety or the safety of my/our child during the course of any preparation for or participation in the aforesaid Activities;
 - (b) that I/we will comply with the implementation of the Protocols and that any failure on my/our part (or on the part of my/our child) to comply with the Protocols and their implementation may have consequences (including without limitation a withdrawal of permission for me or my/our child to participate in an Activity or Activities) and could jeopardize relevant insurance coverage;
 - (c) that I/we understand that the implementation of the Protocols may involve the collection, use and disclosure of personal information about me or my/our child and I consent to same;
 - (d) that I/we have carefully read this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK that I/we fully understand same, and that I am/we are freely and voluntarily executing same;
 - (e) that I have been given the opportunity and that I am encouraged to seek independent legal advice prior to signing this document;
 - (f) that I understand that the Organizers would not permit me or my/our child to participate in any Activities unless I signed this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK, which applies to all Activities whether occurring in the near or distant future and that the terms of this document need not be brought to my attention each time I participate in a Program in order for it to be effective;
 - (g) that the term Activities as used herein includes, without limiting the generality of that term, training sessions, clinics, and events that are in any way authorized, sanctioned, organized or operated by any of the Organizers on its own or together with another, or to which The Township of North Kawartha has issued a permit;
 - (h) that this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK agreement is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

Date: _____ / _____ /20__

Participant's Signature

(I am 18 years old or older: if not, Parent(s) or Legal Guardian(s) must also sign below)

Parent's(s) or Legal Guardian's(s) Signature

Relationship: Parent(s)_____ or Legal Guardian(s)_____