

**Recreation Committee
Waiver of Liability & Release**

This *Waiver of Liability and Release* form covers my participation in, supporting of and connection with the following:

Program/Activity: _____

Location: _____

Date of Event: _____

1. I, the undersigned, acknowledge that The Corporation of the County of Prince Edward, its partners and agents, employees and volunteers shall not be held responsible for the loss or damages, however caused, during participation in the afore mentioned activities. I agree to release the volunteers from any claims that may arise as a result of or by reason of such accident. I authorize the volunteers to contact Emergency Services as necessary in the event that a parent/emergency contact cannot be reached should there be an incident involving my health or safety.
2. I am aware that there are some inherent risks involved in this program/activities/event including but not limited to:
 - Personal injury from a slip, trip and fall event
 - Personal injury from equipment and accessories involved with program/activity/event
 - Personal injury and/or risk of, including but not limited to, choking, allergic reactions, digestive issues, foodborne illness
 - That there are no guarantee consumables are nut free, or have not come into contact with nuts/nut products or other allergens
3. I certify that I, or the Participant under 16 named below as the case may be, am physically fit, have not been otherwise informed by a physician and know of no restrictions imposed upon me by my physician that would in any way prevent me, or the Participant under 16 named below, from participating in this event.
4. I hereby grant to the Recreation Committee the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed image(s) of me, taken during the event this waiver covers, for use in connection with the activities of the Recreation Committee for promoting/publicizing Committee or its activities.
5. In signing the foregoing release, I hereby acknowledge and represent that I have read the foregoing release, I understand it and agree to it voluntarily, that I am 16 years of age or older, or I am the lawful Parent/Guardian of the Participant under 16 named below, and of sound mind.

PLEASE PRINT CLEARLY

Name (print): _____ Signature: _____

Email address: _____ DOB (MM/DD/YY): _____

Witness (print): _____ Signature: _____

Signed in _____, this _____ day of _____, _____
Location Date Month Year

Participant under 16 (print): _____ Signature: _____

Parent/Guardian of participant under 16: _____

Signature of Parent/Guardian: _____

Emergency Contact Name: _____

Resident of PEC ☐

Emergency Contact Phone: _____

Visitor of PEC ☐