



Registration Form

Date: _____ Membership ID#: _____

Participant Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Names (if participant is under 18)

Address: _____

Email: _____

Please check here if you consent to having the instructor contact you with program information via e-mail

Phone #: _____ Alternate #: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Allergies/Medications

Alberta Health Care #: _____

Programs:

1. _____ Dates: _____ Fee: _____

2. _____ Dates: _____ Fee: _____

3. _____ Dates: _____ Fee: _____

OFFICE USE ONLY

Total amount of Payment: _____ Received by: _____

Payment: Cash: _____ Cheque #: _____

*****PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND SEEK APPROPRIATE ASSISTANCE IF YOU DO NOT UNDERSTAND IT*****

IN CONSIDERATION of the Summerside Residents Association (the SSRA) permitting the undersigned or the Participant to participate in the Program, the undersigned, for myself or the Participant, as the case may be, and for my or the Participant's personal representatives, heirs and next of kin, acknowledge and agrees with the SSRA that:

1. I acknowledge that I am aware of the dangers, risks and hazards associated with my participation in, spectating or mere attendance at the Program. I acknowledge and agree that I am not required by the SSRA or anyone else to participate in, spectate at or attend the Program and that I am freely and voluntarily assuming any and all dangers, risks and hazards arising therefrom. I acknowledge that I am aware that it is a condition of my participation in the Program that I so participate entirely at my own risk.
2. The SSRA and its members, employees, agents, trustees, directors and officers and their helpers and assistants and each of them and their respective insurers, heirs, successors, assignees, administrators and executors (the "Releasees") are not responsible for any loss, costs, damage, personal injury, ambulance services, death or property damage, however caused, arising from my participation in, spectating and/or mere attendance at the Program, including without limitation negligence on the part of the Releasees, breach of contract, occupier's liability or any other tort or cause of action at common law, in equity or by statute.
3. I hereby remise, release, discharge, waive indemnify and save harmless the Releasees and each of them from any and all liability, costs (including without limitation legal costs on a solicitor and his own client basis), claims damages, demands, actions and causes of actions at law, by statute and/or in equity arising as a result of any loss, damage, personal injury, death or property damage that I may suffer, directly or indirectly, as a result of my participation in, spectating and/or mere attendance at the Program.
4. I understand that by signing this document, **I will be forever precluded from suing or otherwise claiming** against the Releasees or any of them for any loss, damage, personal injury, death or property damage that I may sustain through my participation in, spectating at and/or merely attending the Program.
5. For the purposes of the herein provisions, the SSRA is or shall be deemed to be acting as agent or trustee on behalf of or for the benefit of each of the Releasees.

The foregoing provisions are intended to be as broad and inclusive as is permitted by the laws of the Province of Alberta, and if any portion thereof is held invalid, the balance shall continue in full legal force and effect.

Dated this _____ day of _____, 200_____.

Signature of Participant (if participant is under 18, must be signed by a parent or legal guardian)

WARNING: by signing this document you give up legal rights, including your right to sue. READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Program Registration Cancellation Policy

The Summerside Residents Association reserves the right to cancel any programs with insufficient registration. Full refunds will be granted at this time.

1. **Refunds will be granted to those who withdraw from a program 7 days prior to the first day of the program.** A \$10.00 administration fee will apply.
2. Those who withdraw from a program 7 days or less to the first day of the program will be issued a refund **only if there is a medical reason with a doctor's note.** A \$10.00 administration fee will apply.
3. Up to two classes into the program, refunds will be issued for **medical reasons only with a doctor's note.** A \$10.00 administration fee will apply. Refunds are prorated at the time of request.
4. After two classes into the program, refunds or credits **will not be issued for any reason.**
5. In the case of cancellation due to weather (lightning, high winds, snow, rain etc) every effort will be made to reschedule the class. If unable to reschedule the class a refund for that class will be issued.
6. If a resident cancels their registration in a program for any reason, any guests that may be sponsored by the resident will also have their registration cancelled.

Information collected will be protected in compliance with Canada's Personal Information Protection and Electronic Documents Act, and the Freedom of Information and Privacy Protection Act. Some information collected may be shared with members, partners and allies in compliance with the above Acts. Please note that photographs taken of this class/event may be used for promotional purposes by the SSRA, if you prefer not to be photographed, or for additional privacy protection information please contact us for details at 780-497-7558.