

CANADA'S WONDERLAND

TRIP DATE: JULY 21ST, 2010

DEPARTURE TIME: 4:00 AM SHARP

NAME: _____

AGE: _____ DATE OF BIRTH: _____

HEALTH CARD #: _____

NAME OF FAMILY PHYSICIAN: _____

MEDICAL CONDITION: _____

PARENT/GUARDIAN CONTACT: _____

PHONE #: HOME: _____ MOBILE: _____

EMERGENCY CONTACT: _____

PHONE #: HOME: _____ MOBILE: _____

SIGNATURE OF PARTICIPANT (18 OR OVER)

DATE: _____

PARENT/GUARDIAN (PARTIPANT UNDER 18)

DATE: _____

WAIVER OF LIABILITY

By signing this document, you are assuming risks which may have financial and other consequences for you and/or your family should you be injured or killed while participating in an excursion to Canada's Wonderland. The participant acknowledges and agrees as a condition of his/her participation in the activity; he/she shall assume full responsibility for any damage to property which may be sustained in connection with his/her participation. The participant further acknowledges that: he/she is aware that participation in the activity may be hazardous and could result in damage or injury including death; he/she is in satisfactory physical and mental condition to safely participate in the activity; he/she has disclosed to the any medical condition that may affect his/her ability to safely participate in the activity; and he/she has read and understands the terms of this document. Accordingly, the participant hereby releases the Corporation of the City of Elliot Lake, its agents, employees and volunteers from all liabilities, claims, demands, actions and causes of action of any nature whatsoever arising from or related to any injury, including loss of life, that the participant may sustain, howsoever arising, including any damage, loss, theft or destruction of property, injury or death resulting from the negligence of the Corporation of the City of Elliot Lake, its agents, employees or volunteers, while attending at, participating in or travelling to or from Canada's Wonderland.

SIGNATURE OF PARTICIPANT (18 OR OVER)

SIGNATURE OF PARENT/GUARDIAN (UNDER 18)

*PLEASE MAKE CHEQUES PAYABLE TO THE CITY OF ELLIOT LAKE

REGISTRATION FEE: \$85.00

TOTAL AMOUNT PAID: CASH: _____ CHEQUE: _____

RECEIPT #: _____ DATE RECEIPT ISSUED: _____