



# Village of Wabamun

5217 – 52 Street, P.O. Box 240, Wabamun, AB, T0E 2K0

PHONE (780) 892-2699 FAX (780) 892-2669

## PROGRAM REGISTRATION FORM

NAME OF PROGRAM: \_\_\_\_\_

NAME	AB HEALTH CARE NO.	PAID

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_

Any information obtained on this form by the Village of Wabamun is to be used strictly for this program as a means of contact for emergency situations and to let participants know of any schedule changes as per Section 33(2) for FOIP Act. For further information, contact the Village of Wabamun at 892-2699.

Please list any medical concerns that we should be made aware of (i.e. allergies, limitations, physical conditions, etc.) and what may need to be considered/done as a result of these concerns:

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I, \_\_\_\_\_ hereby recognize the risks inherent in my participation in the above-noted, Village of Wabamun sponsored, program and hereby release, remise and forever discharge the Village of Wabamun or any of its servants, agents, volunteers, employees, participants or other members arising out of or in connection with any activity, including but not limited to, any liability due to the negligence or breach of contract of the said Village of Wabamun or any servants, agents, volunteers, employees, participants or other members in the course of my participation in the above-noted program.

I further acknowledge that I have read the above release and understand that I am relinquishing any and all rights that I, or any of my dependents, or my heirs, executors or administrators might have against the Village of Wabamun or the servants, agents, volunteers, employees, participants or other members of the Village of Wabamun from any loss, damage, injury or expense suffered by me in connection with all activities associated with my participation in any form in the above-noted program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date