



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 PUBLIC SKATING

Family Pass: \$50.00/Individual Pass: \$25.00

FAMILY PASSES INCLUDE MINOR CHILDREN – 18 & Older Must Obtain Individual Passes

Are you a Village of Wabamun Resident? Are you a Parkland County resident?

Other? Please Explain _____

FAMILY NAME: _____

ADDRESS: _____ PHONE: _____

LAST NAME	FIRST NAME	AGE	FEE	Method of Payment

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 780-892-2699.

I, _____ hereby recognize the risks inherent in my families' 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 our participation in the above-noted, Village of Wabamun sponsored, 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 our participation in any form in the above-noted program.

 Parent of the Family/Individual Signature

 Date

 Witness (name & signature)

 Date