



BICYCLING TAY VALLEY RECREATION PARTICIPANT WAIVER FORM

Recreational activities are coordinated for the enjoyment of all participants, and shall **NOT** be considered as supervised Child Care Services. All children must be accompanied by a Parent or Guardian for the duration of the activity

Name of Participant: _____

Male Female

Name of Parent/Guardian: _____

Mailing Address: _____

Telephone #: _____ (Home) _____ (Cell)

Email Address: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Number: _____

Please print clearly – all updates/information are sent via e-mail.

Check box to confirm that you wish to receive e-mails with recreation information.

**Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for recreation registration and information purposes. Questions about the collection of Information should be directed to the Clerk at the address indicated.*

*In consideration of **Tay Valley Township** permitting me and/or the person listed above to participate in the activity(ies) listed above, I, for myself and for all minors named herein, assume full responsibility for understanding and ensuring that safe practices are followed in the activity noted above, including the use of safe equipment and hereby release, discharge, indemnify and save harmless **Tay Valley Township** and its agents and employees from any and all claims by whomsoever made, (including, but not limited to, claims based in negligence or breach of any statutory or other duty of care), damages, liabilities or loss arising from injury to or death of myself and/or those listed above by reason of my, his, her, our and/or their participation in the listed activity(ies).*

Signature of Participant/Legal Guardian

Signature of Municipal Witness

Date of Signatures