

**This Form must be filled out annually**

☐ **Please check if new member**

**Release of LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT**  
(hereinafter referred to as the "Release Agreement")

**This Release Agreement applies to the duration of the membership including every time you attend a Hillsview activity, and/or up to the renewal of this membership.**

**By signing this document you will WAIVE, RELEASE AND GIVE UP certain legal rights, including the right to sue or claim compensation from the HILLSVIEW ACTIVE LIVING SENIOR CENTRES (Hereinafter REFERRED TO AS "HILLSVIEW"), including its officers, directors, employees, representatives, successors, and assigns, following an injury, illness or property loss of damage.**

**PLEASE READ CAREFULLY!**

I, the membership holder, acknowledge and agree that there are inherent risks and uncertainties involved in participating in Hillsview activities including that not all physical activity is suitable for everyone. I understand that there is an inherent risk associated with my chosen activity. This may include, but is not limited to, head injuries and concussion, chest pain, bodily injuries such as bruising, lacerations, strains, sprains, fractures, dislocations, and injuries suffered from falls, and drowning. All of which could result in serious impairment or injury, up to and including death. I willingly accept and assume responsibility for these risks to me and for ensuring that activities are suitable to my skill, fitness level, and health status.

I hereby release and agree to fully hold harmless and indemnify Hillsview including its officers, directors, employees, agents and representatives, from and against all claims, demands, actions, causes of action, suits or other proceedings which may be brought against or made upon Hillsview by whomsoever made, sustained or prosecuted, from and against any and all personal injury, bodily injury, illness (including exposure to a communicable disease), losses, charges, damages, costs, liens and expenses arising from my participation of myself in any Hillsview activity at any location, and which may be sustained, incurred or paid by Hillsview by reason of or in consequence of, either directly or indirectly, any negligence or willful misconduct on behalf of Hillsview or those for whom it is responsible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **DO YOU CONSENT** to being contacted by Centre Staff, members and/or volunteers, via e-mail/phone, regarding upcoming events and/or activities at the Centre?

\_\_\_\_\_ **\*NEW\* DO YOU WANT** emails from BOTH Acton & Georgetown Centres? Check for YES.

\_\_\_\_\_ **DO YOU CONSENT** to being photographed/videotaped by Centre/Town Staff and/or the media during your involvement with the Centre(s) as a member/volunteer and are aware any image(s) may be used in Centre/Town publications, promotional material and/or on the Town Website.

Full Name: \_\_\_\_\_  
(First) (Last)

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name)