



2020 Recreational Membership Form

Athletes Name: _____

Parents Name (if athlete under 18): _____

Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Date of Birth (MM/DD/YY): _____ **Gender (M/F):** _____

Select program:

Spring Recreational
(8 Weeks - Apr. 20, 2020 to Jun. 14, 2020)
All ages \$250

Summer Recreational
(8 Weeks - June 15, 2020 to Aug. 9, 2020)
All ages \$250

Fees are non-refundable and non-transferable.

Waiver

By proceeding with registration to become a member of 310 Running Club, I CONFIRM that I have read, understood and agree to this entire Waiver. In consideration of requesting membership in 310 Running Club, I freely and without duress, HEREBY FOREVER RELEASE, WAIVE, DISCHARGE, INDEMNIFY and HOLD HARMLESS 310 Running Club, Scott Skimming, Town of Caledon, Region of Peel, Peel District School Board, Dufferin-Peel Catholic District School Board, Albion and Bolton Agricultural Society, Toronto and Region Conservation Authority, Minor Track Association of Ontario, Athletics Ontario, Athletics Canada, and their respective directors, officers, employees, volunteers, coaches and any of their heirs, successors and assigns (the "Releases"), from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, illness including COVID-19, loss or damage to person or property however caused (including without limitation by the negligence of omissions of the Releases), arising out of or in any way connected to my membership. I ACKNOWLEDGE that membership and participation in 310 Running Club activities has inherent risks including contracting infectious diseases & I accept these risks. I ACKNOWLEDGE that my image may be filmed or photographed and I AGREE to the use of my name and my image in any form in broadcasts, newspapers, brochures, promotional material and any other media without compensation. I consent to the use of my personal information contained in this registration form for the purpose of soliciting my participation in future events or programs by email or any other form of electronic communication. I AGREE that this Waiver is intended to be as broad and inclusive as permitted by the laws of Ontario and that it shall be governed and interpreted according to the laws of Ontario and that if any portion of this Waiver is held invalid by any Court of competent jurisdiction, the invalidity of such portion shall not otherwise affect its remaining provisions which shall continue in full legal force and effect. I CONFIRM that I am the membership applicant and 18 years of age or older or I am the legal parent/guardian of, or have power of attorney for, the membership applicant and agree that this waiver will be binding on me, the membership applicant, our heirs, executors, administrators, successors and assigns.

Name of Signatory: _____ **Date (MM/DD/YY):** _____

Signature (parent if under 18): _____