



TANGLEWOOD PARK COMMUNITY CENTRE PROGRAM/ACTIVITY REGISTRATION FORM



Participant`s name _____

Participant`s address (include postal code) _____

Participant`s telephone _____ Participant`s age _____

Parent/Legal Guardian name if participant is under 18 _____

Email _____

Program/activity _____

Date/term of the program/activity _____

Cost of Activity : (\$4 discount for THCA members) _____

Location where the program/activity will be held: Tanglewood Park Community Centre
30 Woodfield, Ottawa

How did you hear of the program:[Check One]
Newsletter . . . Website . . . Word of mouth . . . Other . . .

NOTES:

- A separate form has to be filled out for each Activity/Event/Course.
- Please sign second page: Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement
- If an Activity/Event/Course is cancelled you will be notified and a full refund will be issued.
- See the www.thca.ca activity calendar for updates which can be found on the website.
- For more info on programs Inside the Community center email Programs-interior@thca.ca
For more info on programs outside the community center email Programs-exterior@thca.ca
For more info on Community Gardening email tanglewoodgarden@thca.ca
- [For garden participants, note that 5 hours of volunteer time are mandatory.](#)

Please mail or drop off (in the mailbox at front entrance) completed form along with cheque or money order (payable to Tanglewood Park Community Centre):

Tanglewood Park Community Centre
30 Woodfield Drive
Ottawa, Ontario K2G 3Y5

PARTICIPANTS TAKE PART IN THESE ACTIVITIES AT THEIR OWN RISK

Play safe and fair, show mutual respect for each other

**PLEASE VOLUNTEER YOUR TIME
WITHOUT VOLUNTEERS WE WOULD NOT BE ABLE TO RUN THESE PROGRAMS**



Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement



(Please read carefully before signing)

Program/activity _____

Date/term of the program/activity _____

This program/activity is designed predominantly for healthy individuals. If you have been inactive or have health or medical concerns, you are advised to consult with your physician prior to becoming involved. Participation in sport, general fitness and physical activity programs involve a risk of normal injuries. Your participation will be deemed to indicate acceptance of such risks.

I understand and agree that my participation in this program/activity is completely voluntary. I further agree that in the event of a personal injury or property loss, as a result of my participation in this program/activity, I accept full responsibility and I will not hold liable the Tanglewood Hillsdale Community Association, THCA's management committee of Tanglewood Park Community Centre, their employees, volunteers, contractors, agents or instructors, and/or the Property Owner (City of Ottawa).

I am aware of the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement that I am signing. I am executing this release and waiver of liability agreement freely.

By signing this document you will be assuming certain legal risks. You must acknowledge having read, understood and agree to the above conditions contained in this Agreement.

_____	_____	_____
(Participant if 16 years of age or older (Print your name))	(Signature of Participant)	(Date)

If the member participating in this activity is under the age of 18 years old, a parent or legal guardian is required to sign. My child, a minor pursuant to the Age of Majority and Accountability Act, has my permission to participate in this program/activity.

_____	_____	_____
(Parent/Legal Guardian, print your name)	(Signature of Parent/Legal Guardian)	(Date)

_____	_____	_____
(Witness, print your name)	(Signature of witness)	(Date)