



**REGISTRATION FORM AND WAIVER
For Participants Under 18 years old**

Event: _____ Peche Island Tour including Transportation to and from Peche Island

Date of Event: _____

Name of Parent or Guardian: _____

Address: _____

Postal Code: _____ Phone #: _____

CHILDREN:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

I am the parent or guardian of the above-referenced Participant(s). I am aware **there are risks associated with the Event, I assume those risks freely and voluntarily**, and approve of the child's/children's participation in the Event. I hereby **release** The Corporation of the City of Windsor, its servants, agents, volunteers, Council, employees, agents, successors and assigns [collectively "the Corporation"], from all claims, demands, liabilities, actions, or causes of action in any way arising out of the child's/children's participation in the Event, including but not limited to, **claims for personal injury, death, or property damage.**

I further agree to **defend, indemnify and save harmless** the Corporation from any and all claims, demands, liabilities, actions, or causes of action which may be made by third parties or by the child/children in any way referable to their participation in the Event.

This Release and Indemnity shall be binding upon me and my respective heirs, executors, and assigns.

I understand that emergency services, including police and ambulance services, will not be going to Peche Island even in the event of an emergency. I understand that firefighting services will only attend Peche Island to put out fires, and not to attend to medical emergencies.

If the child/children require medical attention, City of Windsor staff on site are only trained to provide basic first aid, CPR, and/or Automated External Defibrillation, as required. A maximum of two City of Windsor staff members will transport the child/children back to the marina where an ambulance will be called to attend as may be necessary. **I understand that participating in the Event could delay the child's/children's access to emergency medical services.**

IT

I have viewed and understand the safety video and agree to adhere to the message regarding safety. I agree to ensure the child/children follow the direction of City of Windsor staff. We will follow the city staff direction which may include immediate evacuation or shelter in place.

IT

The child/children are able to climb a four step ladder unassisted.

Date: _____ **Signature:** _____

The personal information on this form is authorized by Parks & Recreation administrative procedures and through the mandate of the City of Windsor, which is, to provide recreational programs to the citizens of the City of Windsor. This information is used for the purpose of this event only. Questions about this collection can be directed to Parks & Recreation or 311.

***PLEASE NOTE: ANY EVENT MAY BE CANCELLED DUE TO INCLEMENT WEATHER. ***