



Clean the Fort Event - Leader and Volunteer Participant Waiver

town@fortfrances.ca

Group Name: _____

Event Organizer: _____

Event Location: _____

Consent Waiver: I hereby acknowledge that participation in a volunteer program organized in conjunction with the Town of Fort Frances, as with all activities, involves potential risk of injury. These types of injuries may result from my actions or inactions, the actions or inactions of others, or a combination of both. I understand that I must adhere to all health and safety instructions provided, and that health and safety information will be shared with all participants by the event coordinator or their designate, prior to the commencement of the organized event. I understand that Volunteers are expected to familiarize themselves with these requirements and are expected to follow these general rules when engaged in any activities forming part of this event. I further acknowledge that these guidelines provide information necessary to assist volunteers in performing their various tasks safely and in a hazard free manner. I understand that the rules and regulations and instructions are designed for the safety and protection of participants and I hereby acknowledge that I have reviewed the Elements of Risk as set out below and agree to abide by the rules, regulations and instructions.

Elements of Risk: All activities, including learning programs, involve certain elements of risk, regardless of comprehensive safety initiatives and provisions. Injuries may occur while participating in this activity, without any fault of the student/volunteer, or the Town or any of its employees, officials, or representatives. By taking part in this activity, I am accepting the risk that I may be injured. I understand that rules and regulations relating to safety are designed for the safety and protection of workers and participants in the activity. I consent to participate in the above-described activity acknowledging all the foregoing risks. **If participant is under 18 years of age, parent or guardian must sign. The following signatures indicate that those individuals have read and understood the above Consent Waiver.**

Privacy Statement: The Town of Fort Frances collects information under authority of Section 227 of the *Municipal Act, 2001*. Any personal information collected for The Team Up to Clean Up Program will be used for the administration of the Team Up to Clean Up Program. By providing your email address, you are consenting to receiving emails from the Town of Fort Frances and/or their agents/contractors for purposes related to this program. Questions about the collection of this personal information can be directed to the Office of the Clerk, 320 Portage Ave, Fort Frances, ON P9A 3P9, 807-274-5323 ext: 1212, c.greig@fortfrances.ca.

Date: _____

Event Organizer:

Name: _____ Phone Number: _____

Signature: _____

Event Participants:

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____

Signature: _____

Name: _____ Phone Number: _____