COMMUNITY SERVICES DEPARTMENT
322 MAIN STREET, BOX 759
EXETER, ON N0M 1S6

PHONE: 519 235 0310 EXT. 228
WEBSITE: WWW.SOUTHHURON.CA
EMAIL: COMMUNITYSERVICES@SOUTHHURON.CA

Name: _____

E-mail: _____

Phone Number: _____

Emergency Contact Name/ Phone Number: _____

☐ I agree to release, waive and forever discharge the Municipality of South Huron, its employees and other agents from any and all claims, demands, damages, costs, actions and cause of action, whether in law or equity in respect of death, injury, loss or damage to myself or property, arising by reason of my participation in this program, that has not been contributed to or occasioned by any negligent act.

☐ I give permission for the Municipality of South Huron and its representatives to take photographs and/or videos of myself during this program session for use in future promotional materials.

Signature: _____

OFFICE USE ONLY

Total Program Fee: _____ Payment Type: _____

Date of Payment: _____ Form Accepted By: _____

Personal information contained on this form is collected, maintained and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act and said information will be used only to facilitate registration for Municipal programs, produce statistical reports, and provide inclusive programming. Questions about collection should be directed to the Municipal Clerk at 519-235-0310