



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

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

Parent/ Caregiver Name(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name/ Phone Number: \_\_\_\_\_

Name of Child: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Time: \_\_\_\_\_

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/ my child 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: \_\_\_\_\_