



**MAIN CONTACT:**

Last Name:		First Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:		Town:		Postal Code:	
Home Phone Number:		Alternative Number:		Email (optional):	
<b>Assumption of Risk:</b> The Town of Slave Lake strives to provide awareness of risks associated with each program/activity it offers. It should be understood that there are risks associated to each specific activity. These risk include, but are not limited to the loss of personal property, the possibility of personal injury and physical injury to others such as muscle strains, broken bones, concussions, soft tissue damage, infectious diseases, cardiac arrest, et. Including the possible risk of severe or fatal injury. It is each individual's responsibility to ascertain whether he/she has any health conditions which makes it inadvisable to participate in that activity. We strongly recommend an annual physical exam prior to the start of any program or activity and that additional information is sought at any time a person's health status changes. Such actions are designed to ensure that participation is within one's health status/limitations. It should also be understood that the individual is responsible for any medical treatment costs which may occur as a result of participation. I also give the Town of Slave Lake Permission to use any photographs taken for promotional reasons.					
<b>Photography / Video Release:</b> By signing this, I hereby give my consent to the Town of Slave Lake to record my voice, my person, and/or my place of work, business or school. I wave all rights to my recorded (electronic or printed) image and voice and I also further agree that the above consent is given without expectation of payment. The Town of Slave Lake will be held harmless in any event, which may arise from this consent. The purpose shall include, but not limited to, training materials, marketing, media usage, etc.					
Signature:				Date:	

**Participant #1**

Last Name:		First Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Birth date:		Phone Number( if different than above):			
Course:			Dates:		
Course:			Dates:		

**Participant #2**

Last Name:		First Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Birth date:		Phone Number( if different than above):			
Course:			Dates:		
Course:			Dates:		

**Method of Payment (GST included)**

Course:		Cost:		Code: 1-	
Course:		Cost:		Code: 1-	
Course:		Cost:		Code: 1-	
Course:		Cost:		Code: 1-	
				<b>Total:</b>	
<input type="checkbox"/> Cash		<input type="checkbox"/> Cheque #		<input type="checkbox"/> Debit	
				<input type="checkbox"/> PO (must be pre-approved) #	

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Section 32 © of the Alberta Freedom of information for the purpose of administering the Community Service programs of the Town of Slave Lake.

**“WORKING TOGETHER, BUILDING A BETTER COMMUNITY”**

P.O. BOX 1030, 10 MAIN STREET S.W., SLAVE LAKE, ALBERTA T0G 2A0

PHONE (780) 849-8000 FAX (780) 849-2633