

VILLAGE OF THORSBY

Adult Program Registration

The personal information contained on this form is collected under Section 32C of the Freedom of Information and Protection of Privacy Act and will only be used for the purpose of participating in Parks and Recreation Programs. If you have any questions about this collection, please contact Village of Thorsby, Box 297, Thorsby, AB T0C 2P0 (780)789-3935.

PROGRAM _____ PROGRAM DATE _____

NAME OF PARTICIPANT _____

ADDRESS _____

THORSBY/COUNTY RESIDENT? (Please circle one)

DAYTIME PHONE _____ EVENING PHONE _____

INDEMNITY FORM

I agree to indemnify and save harmless the Village of Thorsby, its servants, agents, employees, or instructors from any expense, injury, loss, claim, action or other charge or damage incurred while participating in Village of Thorsby Recreation Programs. I understand that the risk involved in this program include injuries due to participant's carelessness.

I _____ (participant), **have read and understand** the above I indemnity agreement on this _____ day of _____, 20____.

Participant Signature

Witness

For Office Use
RPD J 06 00-01

Amount _____
Cash _____ Cheque _____