



## MUNICIPALITY OF MAGNETAWAN RECREATION PROGRAMS

Telephone: 705-387-3947

Fax: 705-387-4875

4304 HWY 520 Magnetawan, ON. P0A 1P0

### ARCHERY PARTICIPATION CONSENT FORM

This form must be completed and signed by each participant and, if the participant is under the age of 18 years old, must be signed by a parent or legal guardian. No participant will be allowed to participate in our recreation programs without understanding and consenting to the terms listed below.

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

I, the undersigned, voluntarily agree to participate in a Municipality of Magnetawan Archery Recreation Program. I hereby acknowledge and understand that certain risks of injury are inherent to participating in a recreation program and/or in the facility in which the program is being held. I understand that the Municipality of Magnetawan cannot be held responsible for any damages or injuries caused during a recreation program. I further acknowledge that the risk of sustaining injury can result from the nature of the activity itself, actions of third parties, climate conditions, my own physical conditions and actions and that injury can occur through no fault of the Municipality of Magnetawan, its representatives, employees, instructors and volunteers.

I hereby agree that the Municipality of Magnetawan, its representatives, employees, instructors and volunteers shall not be liable for any injury, loss or damage to person or property incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities..

I declare I have read and understood the above consent agreement in its entirety.

\_\_\_\_\_

\_\_\_\_\_

Signature of Participant

Date

*Written consent valid for 1 year from date signed.*



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## ARCHERY PARTICIPATION CONSENT FORM

### Parent/ Guardian consent (for participants under the age of 18)

I \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, hereby grants permission for my child to participate in a Municipality of Magnetawan Archery Recreation Program. I fully understand and accept that my child may be injured during the recreation program and/or in the facility in which the program is being held. I understand that the Municipality of Magnetawan cannot be held responsible for any damages or injuries caused to/by my child during a recreation program. I further acknowledge that the risk of sustaining injury can result from the nature of the activity itself, actions of third parties, climate conditions, my child's own physical conditions and actions and that injury can occur through no fault of the Municipality of Magnetawan, its representatives, employees, instructors and volunteers.

I hereby agree that the Municipality of Magnetawan, its representatives, employees, instructors and volunteers shall not be liable for any injury, loss or damage to person or property incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities. As a parent or legal guardian, I acknowledge that my child can safely participate in a Municipality of Magnetawan Archery Recreation Program.

I declare I have read and understood the above consent agreement in its entirety.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

*Written consent valid for 1 year from date signed.*



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**ARCHERY PARTICIPATION CONSENT FORM**

**PHOTOGRAPH & VIDEO RELEASE FORM**

I \_\_\_\_\_, hereby grant permission to the Municipality of Magnetawan to take my photograph and/or video during recreational programming for the purposes of promotional materials. I understand that the photographs and/or videos may be used for the following purposes:

- Municipality of Magnetawan’s website
- Municipality of Magnetawan’s social media accounts
- Digital advertisements promoting recreation
- Local publications

By signing this release, I am granting The Municipality of Magnetawan the rights of my image, likeness and sound of my voice as recorded on a video without payment or other forms of consideration. I understand that I waive the right to inspect or approve the finished product wherein my image, likeness or voice appears.

I acknowledge I have read and fully understood the above consent agreement in its entirety. I hereby release all claims against the Municipality of Magnetawan for utilizing my photograph and video for promotional materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent/ Legal Guardian Consent

(If you are under the age of 18, we also require that a parent and/or legal guardian grant permission)

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date