



**Saturday, October 30, 2021 at 10:00 a.m.**  
**Event Day Headquarters Orillia Waterfront Centre**

**REGISTRATION FORM – 2021**

Please Check the Appropriate Division:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>A</b> 5k run MALE 18 and under   | <input type="checkbox"/> <b>E</b> 5k run FEMALE 18 and under   |
| <input type="checkbox"/> <b>B</b> 5k run MALE Open Division  | <input type="checkbox"/> <b>F</b> 5k run FEMALE Open Division  |
| <input type="checkbox"/> <b>C</b> 5k run MALE Ages 50 +      | <input type="checkbox"/> <b>G</b> 5k run FEMALE Ages 50 +      |
| <input type="checkbox"/> <b>D</b> 10k run MALE Open Division | <input type="checkbox"/> <b>H</b> 10k run FEMALE Open Division |

First Name: _____	Last Name: _____
Address: _____	
Date of Birth: ____/____/____ (DD/MM/YY)	Age on Race Day: _____

**If you are registering as a family, please complete this section**

Participant Full Name	Date of Birth	Age	Division Entering	School Attending	Grade
2.					
3.					
4.					
5.					
6.					

**REGISTRATION FEES – Payments made by October 1<sup>st</sup> by 4:00pm are eligible for early fees**

ADULTS: \$25.00                      STUDENTS: \$20.00                      FAMILY: \$60.00  
 (\$20.00 early)                      (\$16.00 early)                      (\$48.00 early)  
**Children up to age 12 are free but are encouraged to fundraise for this event**

Please make cheques payable to "City of Orillia"

**FOR OFFICE USE ONLY:**

Amount Paid \_\_\_\_\_ Fee Paid By  Cash  Cheque # \_\_\_\_\_

Date Registered \_\_\_\_\_ Registered By \_\_\_\_\_ Bib# \_\_\_\_\_

**Saturday, October 30, 2021 at 10:00 a.m.**  
**Orillia Waterfront Centre**  
**50 Centennial Drive, Orillia**

**Terms of Registration (Important - Please read)**

**WAIVER OF LIABILITY, RELEASE AND INDEMNIFICATION:**

Personal information on this form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M. 56 under the authority of the Municipal Act 2001, S.O. 2001, c 25 and will be used by the City of Orillia for the operation of recreation programs/activities.

Questions about this collection should be directed to the Freedom of Information Co-ordinator. In consideration of the acceptance of my application or that of the minor whose name appears thereon, of who I am the legal guardian, and give the permission to participate in a recreation program/activities sponsored by the Corporation of the City of Orillia, I hereby waive and forever discharge and indemnify and save harmless the Corporation of the City of Orillia, its employees, volunteers, partner organizations, agents, sponsors, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the recreation program in any location (such as Bio Stairs, field trips, organized swims etc.) where the recreation program is being held.

**PHOTO WAIVER:**

Unless the participant or guardian indicates in writing, City of Orillia will assume permission is given for photos or video taken during any recreation program/activity to be used to promote recreation. If permission is not granted, please email the participants name and recreation program enrolled in to [recreation@orillia.ca](mailto:recreation@orillia.ca) and request that permission for pictures be revoked. Recreation and Youth Services will attempt to honour the request however, as most recreation programs take place in public settings it cannot be guaranteed.

**ELEMENTS OF RISK:**

The participant and/or their guardian acknowledges that the participant is physically and medically fit to participate and voluntarily assumes any risk of injury or damage in connection with the participating in this activity. The participant and/or their guardian agrees to abide by all rules and regulations pertaining to the use of specialized equipment such as Rockwall, Bio Stairs, Diving Boards etc. Participating in this program/activity involves certain elements of risk including but not limited to cuts, abrasions, sprains, fractures, spinal injury, brain injury or even death. The risk of sustaining injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and the physical condition and actions of the participant.

The risk of sustaining these types of injuries can occur without any fault of the participant, or the Corporation of the City of Orillia, its employees, agents, council members, or the facility where the activity is taking place. By choosing to participate in the activity, I am fully accepting the risk that I/participant may be injured.

**COVID 19:**

Communicable diseases such as COVID-19 can be a worldwide pandemic as defined by the World Health Organization.

The City of Orillia ("the City") has put in place preventative measures to reduce the spread of COMMUNICABLE DISEASES; however, the City cannot guarantee that you or your child(ren) will not become infected with a COMMUNICABLE DISEASE. Further, attending a City recreation/culture program could increase your risk and your child(ren)'s risk of contracting a COMMUNICABLE DISEASE.

By signing this agreement, I acknowledge the contagious nature of COMMUNICABLE DISEASES and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by a COMMUNICABLE DISEASE by attending a City recreation/culture program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COMMUNICABLE DISEASES at a City recreation/culture program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the City's programs or participation in the City's programs programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COMMUNICABLE DISEASE infection occurs before, during, or after participation in the City's programs.

**Signature** (parent/guardian if under 18): \_\_\_\_\_

**Name** (Please Print): \_\_\_\_\_

**Date:** \_\_\_\_\_