

Cumberland Equipment Lend Registration Form

CONTACT INFORMATION

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PARTICIPANT INFORMATION

PARTICIPANT NAME: _____ TYPE OF EQUIPMENT: _____
HOME ADDRESS: _____ REGISTRATION #: _____

PHONE #: _____
EMAIL: _____

LIABILITY RELEASE FORM

To: The Municipality of the County of Cumberland (the Municipality)

Regarding: Cumberland Equipment Lend Program

In consideration of being permitted to participate in the Activity, I, _____,
on behalf of myself and my heirs and assigns, hereby: Print Name

Release and forever discharge the Municipality and its employees, officers, and volunteers (collectively the "Municipality") from all claims of any type in respect of death, injury, loss or damage to myself or my property arising from my participation in the Activity.

Acknowledge that the Municipality does not carry health, medical or disability insurance coverage for participants in the Activity, including myself, and therefore my responsibility to obtain any appropriate or required insurance coverage.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

_____ Signature of Participant	_____ Date
_____ Name of Participant (PRINT)	_____ Telephone Number of Participant

DATE OUT: _____	SIGNATURE: _____
DATE DUE: _____	
DATE RETURNED: _____	SIGNATURE: _____