

Cumberland Equipment Lend Program

Registration Form

PARTICIPANT NAME: _____

EQUIPMENT REQUESTED: _____

DATES REQUESTED: _____

CONTACT INFORMATION
Carolyn Bollwerk
Active Living Coordinator
(902) 664-9143
cbollwerk@cumberlandcounty.ns.ca



CONTACT INFORMATION

ADDRESS: _____

CELL PHONE #: _____

EMAIL: _____

LIABILITY RELEASE FORM

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

Regarding: **Cumberland Bike 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: DD MM YYYY

Name of Participant (PRINT)

Telephone Number of Participant

Date out: _____ Signature: _____

Date Due: _____

Date returned: _____ Signature: _____

