



PARK GUARDIAN PROGRAM RELEASE & WAIVER AGREEMENT

WHITECOURT COMMUNITIES
IN BLOOM COMMITTEE

ASSUMPTION OF RISK *(please check):*

- ☐ I am aware that engaging in a Park Guardian activity may involve certain risks, dangers and hazards including but not limited to contact with dangerous debris and collision with passing traffic. I freely accept and fully understand and assume all risks and dangers.

RELEASE OF LIABILITY *(please check):*

- ☐ I agree to waive any and all claims against the Town of Whitecourt and to release the Town of Whitecourt from any and all liability for any loss, damage, injury or expense that I may suffer as a result of participating in the Park Guardian Program. I have read and understood this Release prior to signing it. I am aware that by signing this release I am waiving certain rights that my heirs, next of kin, executors, administrators and assigns may otherwise have against the Town.

SIGNATURES

Name of Park Guardian <i>(Please Print):</i>	Name of Witness <i>(Please Print):</i>
Signature of Park Guardian:	Signature of Witness:
Date:	Date:

The personal information collected through the Communities in Bloom Park Guardian Program Release & Waiver Agreement is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at administration@whitecourt.ca or 780-778-2273.