



# SELKIRK CANOE KAYAK CENTRE

Box 404, Selkirk, MB, R1A 2B3

Location: Selkirk Park (along the road past the Skateboard Park)

Club House phone (204-785-2054)

Email: [selkirkkayak@hotmail.com](mailto:selkirkkayak@hotmail.com)

NAME: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENTS' NAMES (if under 18): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_

EMERGENCY CONTACTS & PHONE(S): \_\_\_\_\_

NAMES OF OTHER FAMILY MEMBERS WHO ARE PARTICIPANTS: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT US? \_\_\_\_\_

PROGRAM: \_\_\_\_\_ PAID (amount): \_\_\_\_\_

### WAIVER & RELEASE

IN CONSIDERATION OF my acceptance into *Selkirk Canoe and Kayak Center Program(s)*, I hereby waive and release the **Manitoba Paddling Association**, its directors, officers, employees, agents, representatives, successors and assigns from and against all claims, actions, demands, costs and expenses with respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this program and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Corporation, its directors, officers, employees, agents, representatives, successors, and assigns. This Waiver and Release shall be binding upon me, my heirs, executors and administrators.

I hereby grant permission to any of the above described persons to use any pictures of me or my likeness while participating in any of these programs without obligation or liability to me.

By signing this form I am issuing my consent for the following information to be forwarded to The Manitoba Paddling Association for administrative purposes.

This information may be used to contact you with information regarding programs and services offered by The Manitoba Paddling Association, Selkirk Canoe and Kayak Centre and our sponsors. This information will NOT be distributed to any outside organizations.

- I do not want to receive information regarding future programs and services offered by the Manitoba Paddling Association, Selkirk Canoe and Kayak Centre and our sponsors.

**Complete A) if participant is 18 years or older**

**Complete B) for parents or legal guardians to if participant is younger than 18.**

A) I am 18 years of age or older and have read and understood this document prior to signing it. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Please print name*                      *Participant's signature*                      *Please print name*                      *Witness' signature*

B) Being parent or legal guardian of \_\_\_\_\_, I hereby agree that the foregoing Waiver and Release shall be binding upon my child.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Please print name*                      *Parent's signature*                      *Please print name*                      *Witness' signature*