



**PARTICIPATION LODGE GREY-BRUCE**

**POOL CLUB MEMBER REGISTRATION & WAIVER FORM**

***PLEASE PRINT***

Name: (Mr. Mrs. Ms.) \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

***OTHER FAMILY MEMBERS:***

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Amount Paid : \$



**LODGE & ADMINISTRATION**

684136—30 SIDEROAD, RR#1  
HOLLAND CENTRE, ON  
N0H 1R0  
519-794-3201  
1-888-353-5542  
FAX (519) 794-4186  
Info@participationlodge.ca  
www.participationlodge.ca

**A.B.I PROGRAM**

684136—30 SIDEROAD, RR#1  
HOLLAND CENTRE, ON  
N0H 1R0  
519-794-3333  
FAX (519) 794-4186

**ATTENDANT CARE  
HANOVER APARTMENTS**

307-11<sup>TH</sup> AVENUE  
UNIT #216  
HANOVER, ON  
N4N 3T3  
PHONE/FAX  
519-364-7741

**ATTENDANT CARE  
OWEN SOUND APARTMENTS**

350-10<sup>TH</sup> STREET EAST  
OWEN SOUND, ON  
N4K 6P8  
PHONE/FAX  
519-371-4024

- RESIDENTIAL PROGRAM
- ABI PROGRAM
- RESPITE PROGRAM
- OUTREACH PROGRAM
- APARTMENT PROGRAMS
- RECREATION PROGRAM
- THERAPEUTIC POOL
- GYM
- SNOEZELEN ROOM
- BANQUET/BOARD ROOM

**ASK ABOUT OTHER PROGRAMS  
AND SERVICES AVAILABLE**

**WAIVER**

**CAUTION:**

If you have any of the following conditions:

1. Bad back
2. Pregnant or if you suspect that you are pregnant
3. Recent abdominal surgery
4. Heart condition
5. Problems involving your joints i.e.: arthritis

Or if you have any other problem that would increase your risk of injury, approval from your physician is required before you use any of the equipment or facilities supplied by PARTICIPATION LODGE. \

**WAIVER OF RESPONSIBILITY:**

I, \_\_\_\_\_ do hereby assume all responsibility for any injury incurred to my person while using the equipment and facilities owned and operated by PARTICIPATION LODGE. I do also hereby acknowledge that PARTICIPATION LODGE assumes no responsibility for any personal injury sustained by me while using the GYM, POOL, FAMILY ROOM, SNOEZELEN ROOM, BANQUET HALL & KITCHEN areas. It is further understood and agreed that PARTICIPATION LODGE and its employees are hereby released from any actions, causes of actions or proceedings for any known injuries, losses or damages and/or anticipated but which may later develop or be discovered, including all the effects and consequences thereof, and further agree not to make any claim or to take any proceedings against PARTICIPATION LODGE under the provisions of the Negligence Act or any Act of Law against PARTICIPATION LODGE, ITS AGENTS OR SERVANTS.

I acknowledge that I have been advised of medical risks that may result from participation in programs offered by PARTICIPATION LODGE. I hereby state to PARTICIPATION LODGE that I have consulted my personal physician or other health care specialist/authority and that I am physically capable of participating in the mentioned programs.

I have been specifically advised of special medical risks associated with participating in the above mentioned programs for persons whose age or general physical conditions makes illness or injury as a result of such participation more likely.

I hereby execute and deliver this waiver and release to induce PARTICIPATION LODGE to permit me to participate in these programs.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESSED: \_\_\_\_\_ DATE: \_\_\_\_\_