

TOWN OF VIRDEN



SHINNY

REGISTRATION FORM

NAME: _____

BOX #: _____

TOWN/RM.: _____ POSTAL CODE: _____

PHONE: _____

PARENT/GUARDIAN CONSENT & WAIVER

I certify that I am in good health and able to participate in vigorous activities associated with the Shiny Program. This also assures that I release the Town of Virden from any and all liability from any injury or illness incurred going to the program from home or while at the program or returning home from the program. I agree to hold harmless the Town of Virden of all liabilities for losses and damages of all and every description.

Signature

Date