



# Rady JCC Guest Waiver Sign-In

Rose & Max Rady Jewish Community Centre  
Suite B100 - 123 Doncaster Street, Winnipeg, Manitoba R3N 2B3- Ph: (204) 477-7510 - Fax: (204) 477-7530

Date: \_\_\_\_\_ Time of Entry: \_\_\_\_\_  AM  PM RJCC Staff: \_\_\_\_\_

WAIVER: In consideration of the Rose and Max Rady Jewish Community Centre (Rady JCC) accepting me as a guest of the Rady JCC, I hereby release and discharge the Rady JCC and any and all of their servants, agents, contractors or employees, including but not limited to any and all of the instructors and any and all health and RJCC program offered by the RJCC from and for any and all actions or causes of actions, claims damages, demands by me and/ or by my heirs, executors, administrators or assigns, for, upon, or by reason of any damage, loss, or injury (including death) to my person or property which may be sustained as a consequence of my attending or participating in any other activity connected with the Rady JCC notwithstanding any such damage, loss or injury (including death) may have arisen by reason of the negligent acts or omissions of the Rady JCC, and any and all of their servants, agents, contractors or employees, including but not limited to any and all of the instructors of the programs.

Without limiting the generality of the foregoing, I further release the RJCC, and any and all of their servants, agents, contractor or employees, including but not limited to any and all of the instructor of the programs, from any recourse which I may now or hereafter have resulting from any decision of the RJCC, and any and all of their servants, agents, contractors, or employees, including but not limited to any and all of the instructors of the program.

I further state that I am in proper physical condition to participate in the program or any other activity connected with the RJCC and am aware that participation could in some circumstances, result in physical injury ( including death).

I acknowledge that I have not provided the RJCC with any medical information on me and I have not undergone a RJCC Assessment. I acknowledge that the RJCC does not posses any knowledge with respect to my current medical condition, and that I am using the RJCC at my own risk.

INDEMNIFICATION: (If the guest is under the age of 18, this indemnification must be signed by a parent/guardian).  
In consideration of the RJCC accepting me as a guest of the RJCC, the undersigned agrees to indemnify the RJCC, and any and all of their servants, agents, contractors or employees, including but not limited to any and all of the instructors of any and all health and RJCC e programs offered y the RJCC from and for any and all actions or causes of actions, claims damages, or demands which might be made against the RJCC and any and all of their servants, agents, contractors, or employees, including but not limited to any and all of the instructors of the programs arising out of or in consequences of the attendance or participation by the child or children named below in the programs, RJCC Assessment or any other activity connected with the RJCC.

MEMBER'S NAME: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Member's Number: \_\_\_\_\_

FIRST GUEST'S NAME: \_\_\_\_\_

Home address: \_\_\_\_\_ Please print first and last name

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Guest Fee: \_\_\_\_\_ Phone Number \_\_\_\_\_

Local contact: \_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Guest's Signature: \_\_\_\_\_

Photo ID Provided: \_\_\_\_\_

Or signature of parent/guardian: \_\_\_\_\_ (Required if guest under age 18)

E-Mail Address \_\_\_\_\_ Manitoba Med# \_\_\_\_\_ PHIN# \_\_\_\_\_

SECOND GUEST'S NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Please print first and last name

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Guest Fee: \_\_\_\_\_ Phone Number \_\_\_\_\_

Guest's Signature: \_\_\_\_\_ Photo ID Provided: \_\_\_\_\_

Or signature of parent/guardian: \_\_\_\_\_ (Required if guest under age 18)

E-Mail Address \_\_\_\_\_ Manitoba Med# \_\_\_\_\_ PHIN# \_\_\_\_\_