THE DUKE OF EDINBURGH'S INTERNATIONAL AWARD - CANADA GROUP REGISTRATION FORM

The Duke of Edinburgh's International Award - Canada
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If NEW GROUP Check Here: ___

Full Name of Group: _____

Current Date: _____

The Duke Leader or Mentor: _____

Start Date of Award Level: _____

Group Mailing Address:

***** Adjustments to Start Dates are for the current year only and on a quarterly basis. *****

Street: _____

City: _____ Postal Code: _____ Phone Number: _____ E-mail: _____

ALL PARTICIPANTS REGISTERING ON THIS FORM HAVE READ AND AGREED TO THE FOLLOWING AGREEMENT:

-I will not attempt to perform any activity until I have made certain I can perform it safely.
-I acknowledge that no one is authorized by the Award to advise as to the safety of any activity or as to whether I am capable of performing it safely, or to supervise or exercise any control or authority over me or any other participant. As a participant I assume full responsibility for all such matters.
-I hereby release and hold harmless each of the individuals and legal entities involved in the Award from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the Award.
-This Agreement shall remain in effect as long as I am participating in the Award.
-I agree that my name and other information and/or photographs regarding me and my participation in the Award may be used by the Award in any publication for the promotion of the Award.

Participant Name last/ first	Address Apt, Street, City, Province, Postal Code	Phone	E-mail	M/F	Birthday mm/dd/yy	Award Level	Start Date

Number of Registrants _____@$50.00 each = $ _____

Total =$ _____

*Contact us for an electronic copy of the Leader Manual