



Registration and Waiver Form

M D Y

Name: _____

Date of Birth ___/___/___

Address (mailing): _____

Date of Entry ___/___/___

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Bronze **Silver** **Gold**

Male **Female**

Individual Participant: YES NO

Group Name: (if any) _____

Mailing Address: _____

Group Leader or Advisor: _____

Phone Number: _____

E-mail Address: _____

Mailing Address: _____

Parent / Guardian Name: _____

**Please forward cheque / money order for \$50. Payable to:
The Duke of Edinburgh's International Award- Canada- Prince Edward Island
40 Enman Crescent, Suite 121, Charlottetown, PE C1E 1E6**

AWARDS APPROVED (Duke of Edinburgh's office use)

D M Y
Bronze ___/___/___

Signature: _____

Silver ___/___/___

Signature: _____

Gold ___/___/___

Signature: _____

See Next page for Waiver

Waiver and Agreement

I will select the activities I will perform in order to achieve an Award.

I will not attempt to perform any activity until I have made certain that I can perform it safely

I acknowledge that no one is authorized by the Programme 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 of such matters.

I hereby release and hold harmless each individuals and legal entities involved in the Programme from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the programme.

This Agreement shall remain in effect as long as I am participating in the Programme.

I agree to the above terms listed in the Waiver and Agreement.

I agree that my name and other information and/or photographs regarding me and my participation in the Programme may be used by the Programme in any future publication for the promotion of the Programme.

I agree to the above terms.

Parents/Guardian Acknowledgement *

We are the parent or legal guardian of The Duke of Edinburgh's Award participant listed above. We have read the foregoing Waiver and Agreement, and we agree on behalf of ourselves and the participant to the terms thereof. We will assure ourselves that the participant is aware of and understands the terms thereof. We will assure ourselves that the participant is aware of the risks involved in each activity and we take full responsibility in lieu of the Programme for each activity.

I am the Parent/Guardian and I agree to the above terms.

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

***Required for participants under the age of 18**