



Participant Information:

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Food Sensitivities: _____

Consent Statement:

I, the undersigned, consent to use the walking track located at Jack Byrne Regional Sport & Entertainment Centre. I understand that participation is voluntary and that I assume all risks associated with its use.

Acknowledgment:

I acknowledge that I have read and understood this consent form and agree to abide by the rules and guidelines set forth by the facility.

Signature: _____

Emergency Contact:

Name: _____

Phone Number: _____

1 Month (\$9) _____

3 Months (\$20) _____

6 Months (\$40) _____

Receipt No. _____

Date _____

Staff Signature: _____