



Participant Information:

First Name:		Last Name:	Last Name:			
Email:						
Grade :	School:		Aae:			

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: \_\_\_\_\_

Staff Signature: \_\_\_\_\_