



MISSISSAUGA ASSOCIATION FOR INDEPENDENT LIVING

Charitable #893023564RR0001

MEMBERSHIP APPLICATION FORM

Member's Family/Last Name: _____

Name of Participant: _____

Name of Parent/Caregiver: _____

Family Address: _____

City: _____ Postal Code: _____

Home Phone # _____ Family contact Cell # _____

E-mail address: _____

Emergency Contact: _____ Phone # _____

ANNUAL MEMBERSHIP (APRIL 1ST 2020 TO MARCH 31ST 2021)

Cost \$25.00
PAID BY:

(The membership fee includes 1 parent/guardian with voting rights)

PROGRAMS YOU ARE INTERESTED IN:

Life Skills Enhancement Programs	YES	NO
Social Program	YES	NO
Sunday Night Bowling	YES	NO

(Please note, specific information regarding the programs will be sent to you in a package at a future date)

Signature of Parent or Guardian _____ Date _____

I give permission for pictures to be taken of _____
Name of participant
for M.A.I.L. projects.

Signature of Parent or Guardian _____ Date _____



EMERGENCY INFORMATION

NAME: _____

HEALTH CARD# _____

PARENT/GUARDIAN NAME: _____

PHONE#s Home: _____ Work: _____ Cell: _____

ALTERNATE EMERGENCY CONTACT: _____

RELATIONSHIP _____ PHONE # _____

ALLERGIES

FOOD:

MEDICATIONS:

MEDICATIONS CURRENTLY TAKING:

BEHAVIOURAL CONCERNS:

INFORMATION REGARDING HEALTH/MEDICAL ISSUES THAT WILL BE NECESSARY FOR PROGRAM LEADERS TO KNOW:

STRATEGIES THAT ARE IN PLACE OR WORK BEST TO DEAL WITH BEHAVIOURAL ISSUES:

Parent/Guardian Name: _____ Date: _____



MISSISSAUGA ASSOCIATION FOR INDEPENDENT LIVING

Waiver of Liability and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in **Mississauga Association for Independent Living (M.A.I.L.)** Programs and Special Events, including but not limited to participating in the _____ Program for the Membership year of

(Name of program)

_____ hereinafter called "The Activity", I give my permission for **(Membership Year)**

_____ to participate in said program and I for myself, my heirs,

(Name of participant)

personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue the Mississauga Association for Independent Living**, its officers, directors, employees, and agents from liability **from any and all claims including the negligence of Mississauga Association for Independent Living, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity. I hereby **assert participation** of Mississauga Association for Independent Living (M.A.I.L.) Programs is voluntary and that I knowingly assume all such risks.

Signature of Parent/Guardian

Date

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Mississauga Association for Independent Living HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including legal fees brought as a result of _____ involvement in The Activity and to reimburse them for any

(Name of participant)

such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Province of Ontario and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian

Date

Signature of Witness

Print Name

Date