



# MAIL

MISSISSAUGA ASSOCIATION FOR INDEPENDENT LIVING

Charitable Registration # 893023564RR0001

## MEMBERSHIP APPLICATION PACKAGE

Member's Family Name: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Name of Parent/Caregiver: \_\_\_\_\_

Family Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Family contact Cell #s \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**ANNUAL MEMBERSHIP (APRIL 2022 TO MARCH 2023)**

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

Cost: \$25.00

Paid: Yes / No

Method: Cash / Chq / PayPal

**PROGRAMS YOU ARE INTERESTED IN (Please Circle):**

Life Skills Enhancement Programs

YES

NO

Tuesday 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 \_\_\_\_\_

**Comments:**

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## EMERGENCY INFORMATION

NAME: \_\_\_\_\_

HEALTH CARD# \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE # 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: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

(Please Print)

## 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 \_\_\_\_\_  
(name of program)

membership year of \_\_\_\_\_ hereinafter called "The Activity", I give my permission,  
(year)

for \_\_\_\_\_ 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 \_\_\_\_\_ 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  
(name of participant)  
reimburse them for any 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

From time to time, The Mississauga Association for Independent Living (MAIL) may take photographs of members during classes, activities, or events to use in printed publicity, our website (mail-info.ca), social media and other media. A parent/guardian/or caregiver may withhold permission to have their child/member photographed or filmed and then publicly posted.

If you do not want photographs or videos of your MAIL member publicly posted please request a 'Media Opt-Out' Form from the Cassandra (Admin Assistant) or a Board Member.