



PARTICIPANT AGREEMENT

Office Use Only
SWESA Membership #

Type of Membership	<input type="checkbox"/> Member	<input type="checkbox"/> Associate	<input type="checkbox"/> Reciprocal)*	<input type="checkbox"/> Non-Member	Keytag #
Name:	First	Last			Exists in MSC
Address:					MSC Basic Info Added
City:	Prov:				MSC Picture Taken
Postal Code:	Email:				MSC Keytag Issued
Res Phone #:	Cell #:				
Birthdate:	Month	Day	Year		

***If Reciprocal, what is the name of the Senior Organization of which you are a member? Please include your membership number.**

IN CASE OF EMERGENCY – WHO SHOULD WE CONTACT?

Name: _____ Phone: _____ Relationship: _____

SWESA Program Waiver

I _____ recognize that the activities I will be participating in may have some inherent risks. I knowingly and voluntarily assume the risks of engaging in these activities. I acknowledge that it is my responsibility to be aware of the risks associated with the activity(ies) and to safeguard my person by ensuring that I am physically able/capable of the activity, that I exercise safety measures appropriate to the activity, and that I do not participate beyond my capabilities.

I understand that SWESA endeavours to provide the best possible leadership and instruction, and to provide a safe environment for the club(s)/program(s) I am joining. I acknowledge that SWESA only organizes activities and does not necessarily possess any special skill or knowledge in relation to the activity itself.

I hereby release SWESA from any liability arising out of my participation.

SIGNATURE: _____ DATE: _____

The waiver is effective for the duration of the participant's involvement with SWESA.

Continued on back page

EMAIL Consent

SWESA may send you electronic messages such as emails, attachments and notifications promoting our activities. We cannot send you these communications without your permission.

Please initial beside your choice:

_____ **Yes**, I hereby consent to SWESA sending me news, information and material via electronic means (email). I understand that I can unsubscribe from receiving such materials at any time.

_____ **No**, I do not wish to receive electronic communications from SWESA.

Photography Consent

Please note that photographs taken at events may be used for promotional purposes by SWESA. If you have any concerns about the collection of personal information or the use of your image they should be directed in writing to the President, SWESA, PO Box 88008, Rabbit Hill PO, Edmonton AB T6R 0M5

For Statistical Purposes: (Completing this section is optional)

What was/is your occupation? _____

What are your interests? _____

I became aware of SWESA through (check all that apply):

() Newspaper Ad () Information Booth () Poster () Friend () SWESA Website

() Other _____

As a not-for-profit organization, we rely on our membership to volunteer.

Would you like to volunteer? () Yes () No () Occasionally

If yes, please request and fill out a Volunteer Application.

Please submit this completed form along with payment, by mail to SWESA, PO Box 88008, Rabbit Hill PO, Edmonton, AB T6R 0M5, or in person at our office located in the Yellowbird Community Centre, 10710 – 19 Ave, Edmonton

SWESA memberships are non-refundable or transferable

Information collected will be protected in compliance with Canada's Personal Information Protection and Electronic Documents Act, the Freedom of Information and Privacy Protection Act. Some information collected may be shared with members, partners and allies in compliance with the above Acts. If you have any concerns about the collection of personal information they should be directed in writing to the President, SWESA, PO Box 88008, Rabbit Hill PO, Edmonton AB T6R 0M5