



ERMATINGER CLERGUE
NATIONAL HISTORIC SITE

Volunteer Registration Form

Name:

Address:

Phone:

Email:

Emergency Contact:

Phone:

Relationship:

Any medical conditions / medications our emergency system personnel should know about:

PLEASE SEE NEXT PAGE

Release, Waiver, and Indemnity

1. Upon acceptance as a volunteer for the ECNHS, I agree to abide by all rules and procedures that are outlined for me.
2. I, for myself and any of my personal representatives, heirs, or successors, release and discharge the Corporation of the City of Sault Ste. Marie, ECNHS, together with any of their staff, officials, representatives, agents, or volunteers, from any and all claims or causes of action which I may have now or in the future in connection with the activities of the ECNHS, and I waive all of my rights with respect thereto, unless such claim or cause of action arises as a result of the negligence of the Corporation of the City of Sault Ste Marie, ECNHS, together with their staff, officials, representatives, agents or volunteers.
3. I hereby grant to any of the parties listed in paragraph 2 the irrevocable right to use, at their sole discretion, my name, voice or physical appearance, or any comments of mine with respect to the ECNHS, for publicity, advertising or related purposes.

Safety Commitment

The Corporation of the City of Sault Ste. Marie and the Historic Sites Board is committed to ensuring that every precaution is taken to provide a safe environment free from risk of threat or personal injury for any person associated with the ECNHS in any capacity.

Collection of Personal Information Notice

Personal information on this survey is collected in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, Chapter M 5 6 and will be used solely to determine applicable information for the Historic Sites Board and ECNHS. Questions concerning this data collection should be directed to the Manager of Recreation & Culture, City of Sault Ste. Marie.

SIGNATURE OF VOLUNTEER

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE

DATE