



# FLOATING DINNER THEATRE REGISTRATION 2017

(Minor – under 19)

Form revised March 27, 2017

Reg#

A separate form is required for each participant. Place an x on appropriate row in # and price column

x	#	PROGRAM	DATES/TIMES	Length	Price	x
	FTJN22	Floating Dinner Theatre	Thurs, June 22, 6-9 pm	3 hours		
	FTJN29	Floating Dinner Theatre	Thurs, June 29, 6-9 pm	3 hours		
	FTJL6	Floating Dinner Theatre	Thurs, July 6, 6-9 pm	3 hours		
	FTJL13	Floating Dinner Theatre	Thurs, July 13, 6-9 pm	3 hours		
	FTJL20	Floating Dinner Theatre	Thurs, July 20, 6-9 pm	3 hours		
	FTJL27	Floating Dinner Theatre	Thurs, July 27, 6-9 pm	3 hours		
	FTAU3	Floating Dinner Theatre	Thurs, Aug 3, 6-9 pm	3 hours		
	FTAU10	Floating Dinner Theatre	Thurs, Aug 10, 6-9 pm	3 hours		
	FTAU17	Floating Dinner Theatre	Thurs, Aug 17, 6-9 pm	3 hours		
			<b>Price:</b>			
			General Admission:		\$95	
			Elders (65+):		\$85	
			Children under 10:		\$75	
			Children under 5:		Free!	
			Family (2 parents, 2 children)		\$285	
			Season's Pass (4 performances)		\$310	

<b>Sub Total:</b>									
Pd by:	CQ	Cash	Visa	MC	ET	Debit	GST# 122209836	5% GST:	
<b>CC #:</b>								<b>Total due:</b>	
<b>Expiry:</b>	Initial of NARWAL agent:						<b>Total Paid:</b>		
<b>Cardholder's name (print):</b>								<b>Balance Owning:</b>	
<b>Cardholder's signature:</b>									

CONTACT INFO				HEALTH INFO			
Participant Name:				<i>I consider this child's physical condition to be:</i>			
Street Address:				Below average		Average	
Postal Address:				Above average		Excellent	
Community:				<i>I consider this child's swimming ability to be:</i>			
Postal Code:				Poor		Fair	
Phone # (W):				Good		Excellent	
Phone # (H):				Family Doctor:			
Fax:				Clinic:			
Email:				Clinic Phone #:			
Birth date (m/d/y):		Age:		<i>Does this child have any of the following? (yes/no)</i>			
Height (feet/inches):		Weight (lbs):		Asthma		Epilepsy	
Health Care #:				Back problems		Diabetes	
Emergency Contact:				Heart Disease		High Blood Pressure	
Relationship:				Does this child get cold easily?			
Contact wk Ph:				Does this child have any allergies (including food, environmental or medications)? YES / NO			
Contact home Ph:							
If yes, please list; describe reaction / treatment:							
Is there any physical, emotional, or health information that should be brought to the attention of the group leader for your child's safety and/or the safety of the group? YES / NO							
If Yes, please explain:							

**PLEASE CAREFULLY READ AND SIGN WAIVER (ON REVERSE)**

**WAIVER AND RELEASE OF RESPONSIBILITY (MINOR)**  
FOR PARTICIPANTS OF MINORITY AGE - UNDER 19 AT TIME OF REGISTRATION

In consideration of being allowed to participate in any way in the NARWAL outdoor programs, activities, events and trips, the undersigned acknowledges and agrees that:

1. I,  (please print parent / guardian's name), understand that there are hazards associated with any outdoor activity, including paddling. I am aware that these hazards include but are not limited to cold water, rocks, waves, and wildlife encounters. I understand that the risk of injury from this activity is present, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child's participation.
3. I acknowledge that participation in this program will require physical exertion. I affirm that my son/daughter is in good physical and mental health, and can meet these demands. I understand that the final decision to participate in any aspect of this program rests with me (or with my child if I am not present), and that he/she is not required to participate in activities he/she deems to be unsafe or beyond his/her capabilities.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NARWAL, their officers, officials, volunteers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (all of whom are referred to as "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I understand that this release of liability and assumption of risk applies to any and all claims, actions, losses and damages suffered actually or prospectively, by myself or my child, arising from any occurrence, accident, mishap, or other event transpiring during the giving of this program, or arising as a result of any activity relating directly or indirectly to the program whether such activity be prior or subsequent to the giving of the program.
6. I am responsible for repairing or replacing any lost or damaged equipment assigned to me, or my child, during the course or tour, as assessed by NARWAL.
7. I authorize NARWAL to use photographs of my child pursuing the activity for which I have registered him/her for the purposes of promoting future NARWAL programs, activities and training events, and in future training material.
8. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.
9. I understand that my signature below signifies my endorsement of all the information provided on this Waiver and the Registration form.

Participant's Name (please print)	Parent / Guardian's Name (please print)

Signature of Parent / Guardian	Witness	Date Signed