



# BUDDY MONTH WAIVER FORM

Welcome to **Buddy Month** at Dakota Community Centre! During the month of January, we invite our current Pass Holders to bring a friend or family member try out and enjoy one free visit to select facilities and classes that we have to offer. Please indicate which activity or activities you will be attending:

**Fitness Centre** ☐

**Group Fitness Class** ☐

Class Name: \_\_\_\_\_

Please complete the following form below (please print).

Name:

Email:  Phone:

DCC Pass Holder I Attended With:

*I understand that it is my responsibility to engage in activities that are suitable for my ability. I represent and warrant that I do not suffer from any medical condition or disease that would make participating in programs/membership services offered by the Dakota Community Centre or the use of the Dakota Community Centre facilities unreasonable.*

*The information you provide will be used by the Dakota Community Centre for the purpose of registering and admitting the applicant into programs/memberships offered by the Dakota Community Centre or the use of the Dakota Community Centre's facilities and for communication. The personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact Dakota Community Centre (204-254-1010), 1188 Dakota St. Winnipeg, MB, R2N 3H4.*

*I acknowledge that the Dakota Community Centre may take photographs and/or video recordings of me while I am present at the Dakota Community Centre and/or participating in the Dakota Community Centre activities. I hereby grant Dakota Community Centre express permission to use my name, likeness, image, voice and/or appearance, and as such, may embody any photographs, video recordings, digital images and similar media, taken or made by the Dakota Community Centre for promotional purposes.*

**Signature:** \_\_\_\_\_  
Signature must be of Parent or Legal Guardian if participant is under 18

## Parental / Guardian Information: (required if participant is under 18)

Name:

Email:  Phone:

## FOR INTERNAL USE ONLY:

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

Entered in Buddy Month  
Data Collection: ☐