



L	Juli Duali Dasii vui	iunteer ronn
First Name:		
Last Name:		
Address:		
City:		
Postal Code:		
Date of Birth:		
Age:		
Sex:		
Phone #:		
Email:		
Volunteer Letter Required:		
Volunteer Role:		
nage of my person or property howsoe tributed to or occasioned by the neglig ee to indemnify all of the aforesaid fror way connected with my participation ir I AGREE to the use of my name, result	ver caused, arising or to the evence of any of the aforesaid. If and against any and all liability the said event. I ACKNOWLED so, age category, and my image thout compensation. By submit	ther in law or equity, in respect of death, injury, loss or vent and notwithstanding the same may have been further hereby undertake to hold and save harmless a lity incurred by and all of the arising as a result of, or in DGE that my image may be photographed during the error the event in any form in newspapers, brochures itting this entry, I acknowledge having read, understoons assignable fit to participate in this event.
By checking the following tick be		_
Participant's signature:		
Date:		
Parent/guardian signature (if un	der 18):	
nt Location: fessor's Lake Recreation Centre O North Park Road	Date: September 7, 2025	Time: 7:30 am until 11:30 am

Event Profes 1660 N Brampton, Ontario Contact: Volunteers@bramptonbenders.comL6S 4B4