



Brockton's Summer Day Camp 2025

Leader in Training (LIT) Application Form

Name: _____

Email: _____ Phone: _____

Date of Birth: _____ Address: _____

Please list any allergies or medical conditions we should be aware of:

Volunteer Experience, Employment, Hobbies and Interests:

Emergency Contact Name: _____ Emergency Contact Phone: _____

Brockton has some exciting volunteering opportunities this summer! Our *Leader in Training Program* is a great way to gain experience prior to working as a Camp Leader. Brockton Summer Camps start and end at The Walkerton Community Centre, however campers make their way to Centennial Park for swimming daily. Please mark the box next to the volunteering opportunities you are interested in, and please be aware that the times below are suggested; Brockton can be flexible to work with your availability:

Mornings (9am – 12pm)	<input type="checkbox"/>
Afternoons (12 – 4pm)	<input type="checkbox"/>
Camp Swims (1-2pm Daily)	<input type="checkbox"/>
Full Day (i.e. 9am – 4pm)	<input type="checkbox"/>
Full Week (i.e. 9am – 4pm)	<input type="checkbox"/>

Weeks of interest based on your availability:

Week 1: June 30 – July 4	<input type="checkbox"/>	Week 6: August 5 – 8	<input type="checkbox"/>
Week 2: July 7 – 11	<input type="checkbox"/>	Week 7: August 11 – 15	<input type="checkbox"/>
Week 3: July 14 – 18	<input type="checkbox"/>	Week 8: August 18 – 22	<input type="checkbox"/>
Week 4: July 21 – 25	<input type="checkbox"/>	Week 9: August 25 – 29	<input type="checkbox"/>
Week 5: July 28 – August 1	<input type="checkbox"/>		<input type="checkbox"/>

Waiver of Liability

UPON SIGNING THIS AGREEMENT, YOU ARE WAIVING LEGAL RIGHTS AND ABANDONING THE RIGHT TO SUE THE CORPORATION OF THE MUNICIPALITY OF BROCKTON, (HEREINAFTER REFERRED TO AS THE "Municipality of Brockton") FOR ANY INJURIES, HOWSOEVER CAUSED.

1. Through using the facilities of the **Municipality of Brockton** or **Reciprocal Agreements** with other organizations including schools, I _____ (name of Volunteer) acknowledge, appreciate, and agree that:
 - A. Independently I am responsible for my participation in any activities ran under the management of the **Municipality of Brockton** and agrees that the use of facilities is entirely voluntary.
 - B. I waive and release the **Municipality of Brockton** from any and all liability for any loss, damage, expense or injury, including death, that it or its members may suffer, as a result of its usage of the **Municipality of Brockton's** facilities or through Reciprocal Agreements with other organizations, howsoever caused; such causes may include, but are not limited to, any duty of care created by the *Occupiers' Liability Act*, RSO 1990, c 02, any other statutory duty of care, any negligence of the **Municipality of Brockton**, its Council, officers, directors, agents, representatives, employees and volunteers, or breach of contract.
 - C. I also agree that if, despite this Agreement, if other participants should make a claim or claims against the **Municipality of Brockton**, the group and other representatives agree to indemnify the **Municipality of Brockton** from any litigation expenses, loss, liability, legal fees, damage, or costs which may be incurred as of the result of such claims.
 - D. Upon the request of the **Municipality of Brockton**, program participants shall undertake to immediately provide any release, waiver of liability, assumption of risk, or indemnity agreement signed by other participants as required by the **Municipality of Brockton**.
 - E. I acknowledge that if any term or condition of this Agreement is invalid or unenforceable under any applicable statute, or is declared invalid or unenforceable by a court of competent jurisdiction, then such term or condition shall be deemed to be severed from this Agreement, provided however, that the remainder of this Agreement shall not be affected, shall continue in full force and effect, and each remaining terms and condition shall be valid and be enforced to the fullest extent permitted by law.
 - F. The undersigned agrees that in signing this Agreement, they or the Group of participants are not relying on any oral, written, or implied representations or statements made by the **Municipality of Brockton** with respect to the interpretation of this Agreement or the safety of the **Municipality of Brockton's** facilities.
 - G. The undersigned has read this Agreement prior to signing it, realizes that this is a legal binding document, has had the opportunity to fully review its terms, and is aware that by signing all legal rights are waived, including but not limited to those listed above. The undersigned has been advised to seek independent legal advice prior to signing this Agreement.

THE SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE AND THAT I AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING, AND DISCHARGING THE CORPORATION OF THE MUNICIPALITY OF BROCKTON AND ITS COUNCIL, OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL CLAIMS AS SET OUT HEREIN.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____