Freedom Pass Conditions of Use

- Applications can be dropped off at any City owned community centre (see list below).
- Applicants must provide **one piece of identification** to verify their year of birth and have their **photograph taken** to produce the pass.
- Applications will be accepted starting May 1, 2017 until August 31, 2017.
- Freedom Pass is valid from July 1, 2017 to August 31, 2017.
- Freedom Pass is good for free unlimited MiWay transit use on MiWay routes and free public swims at City operated pools.
- Freedom Passes are not transferable and may be confiscated by Transit Authority if used fraudulently or reproduced illegally.
- Freedom Pass must be clearly displayed to transit employees at time of use and shall be surrendered for inspection upon request.
- Freedom Pass is for Mississauga residents only.

**Student Information**

<table>
<thead>
<tr>
<th>Name (Last / First)</th>
<th>Date of Birth (Year / Month / Day)</th>
</tr>
</thead>
</table>

**Parent/Guardian Consent for Minors**

I am the parent or legally appointed guardian of the person named at the beginning of this form who is under the age of 18 years old and I have the legal authority to represent and bind that person.

I have read this form and understand and voluntarily agree to be bound by its contents including providing the requisite consent for the City to use the photograph for the Freedom Pass.

- ☐ New Customer
- ☐ Updating existing information

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Date (Year / Month / Day)</th>
</tr>
</thead>
</table>

**Parent/Guardian Name (Last / First)**

<table>
<thead>
<tr>
<th>Address (Number, Street, Suite)</th>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone (Home)</th>
<th>Phone (Cell)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date (Year / Month / Day)</th>
</tr>
</thead>
</table>

**Freedom Passes** issued at the following Community Centers (CC)

- **Burnthorpe** CC
  1500 Guelden Dr.
  905-615-4630 x 2500
- **Carmen Corbasson** CC
  1399 Cawthra Rd.
  905-615-4800 x 2660
- **Clarkson** CC
  2475 Truscott Dr.
  905-615-4840 x 2120
- **Erin Meadows** CC
  2800 Erin Centre Blvd.
  905-615-4750 x 2065
- **Frank MacKechnie** CC
  310 Bristol Road E.
  905-615-4660 x 2220
- **Mississauga Sports Zone**
  5600 Rose Cherry Place
  905-615-3200 x 2895
- **Huron Park** Recreation Centre
  830 Paisley Blvd.
  905-615-4820 x 2440
- **Malton** CC
  3540 Morningstar Dr.
  905-615-4640 x 2510
- **Meadowvale** CC
  6655 Glen Erin Dr.
  905-615-4710 x 2220
- **Mississauga Valley** CC
  1275 Mississauga Valley Blvd.
  905-615-4670 x 2270
- **South Common** CC
  2233 South Millway
  905-615-4770 x 2265
- **River Grove** CC
  5800 River Grove Ave.
  905-615-4780 x 2300

Office Use Only

- ☐ Proof of age provided
- ☐ Freedom Pass card issued to student
- ☐ Entered into Class

Customer Service employee initials
Terms and Conditions of the Freedom Pass

- Freedom Pass is for Mississauga residents only
- Freedom Pass is good for free unlimited MiWay transit use on MiWay routes within Mississauga and free public swims at City operated Pools from July 1, 2017 to August 31, 2017.
- Pass must be clearly displayed to transit employees at time of use and shall be surrendered for inspection upon request.
- To gain admittance to any Pool, use the card scanners or present card to staff.
- All Pool safety and admission guidelines are in effect (see staff for details).
- Freedom Passes are non-transferable and may be confiscated by City Facility Staff or Transit Authority if used fraudulently or reproduced illegally.
- I agree to abide by all facility rules and regulations and understand that my failure to do so may result in suspension of pass or admittance privileges.
- Loss of card is to be reported immediately. A replacement fee will be charged for replacing lost cards.

Health Declaration
I, the undersigned, hereby certify that I have no knowledge of any physical disability which would make participation in the Community Centre hazardous to my child’s health under this Pass. (Otherwise, medical certificate MUST be submitted.) I understand that certain risks of injury may occur while participating in all sports, recreational activities, programs and services, such as muscle stiffness, sprains, strains, nausea, light headedness, chest pain and other health risks. I understand that certain recreational activities require a minimum level of fitness and health (physical, emotional and mental) and that all individuals vary in their capacity to participate. Therefore, I consider my child physically able to participate and by their continuing participation, I will assume those risks and results which may be associated with these activities.

Medical Authorization
On behalf of the participant you register for whom in law you are responsible for, you hereby give permission to have staff administer or arrange for any emergency medical care including hospitalization/transportation, if necessary, and you hereby consent on behalf of yourself and the participant you register to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. All participants are responsible for their own medical coverage.

Waiver of Liability
I agree to release and waive all claims and hereby indemnify and hold harmless the Corporation of the City of Mississauga ("City"), its volunteers and other participants for any and all liability for any property damage or personal injury resulting to the person named in the Freedom Pass Application for whom I am in law responsible, from or connected with participation in any activity contemplated by this Registration. I hereby further agree that the City, its volunteers and other participants shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or connected with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the City, its volunteers and other participants, unless the damages are the result of gross negligence on the part of the City, its volunteers and other participants.

I have read and understood the Terms & Conditions, Health Declaration, Medical Authorization and Waiver of Liability.

Signature of Parent/Legal Guardian

Date (Year / Month / Day)