

**Town of Aurora - Aurora Senior's Centre
Woodshop Waiver Form**

Name: _____

Complete Address: _____

Phone Number: _____ Membership # _____

I have read and understand the general guidelines for the operation of the Aurora Seniors Centre Woodshop and agree to comply with them. I agree to attend the introductory safety workshop and to operate all Aurora Seniors Association owned equipment in compliance with the applicable safety manual. I agree to abide by all of the applicable safety requirements for the use of the woodshop, including the wearing of protective safety gear. I understand that if I choose to bring in my own personal tools to work on a project, I am solely responsible for understanding and abiding by the proper operation of the tool, and that I do so at my own risk of loss or damage.

I understand that working in a woodshop involves an element of personal risk which I accept, and I agree to hold the Aurora Seniors Association, and the Town of Aurora, including their employees, agents, officers and elected officials, blameless and harmless in the event of death or accident or injury to myself, or in the event that I suffer any loss, or incur any expenses as a result of my use of the woodshop. I also acknowledge that the waiver contained in the Aurora Seniors Centre Membership Application form, which I have previously signed, is applicable to my participation and membership in the Woodshop.

I understand that users of the woodshop should not operate power tools or equipment if they are taking any medication that impairs their mental faculties or physical ability to operate tools or equipment. By signing this waiver, I confirm that I am not taking any medication that impairs my mental faculties or physical ability to operate tools or equipment. I understand that I should obtain personal health and/or disability insurance coverage in the event that I become injured or disabled in the course of using the woodshop.

Personal information on this form is collected and retained under the authority of the *Municipal Freedom of Information & Protection of Privacy Act*.

**I HAVE READ AND UNDERSTOOD THE TERMS AND
CONDITIONS OF THIS WAIVER.**

Signature: _____ Date: _____

Safety Training
Completed with: _____ Date: _____