

# Committee Member Registration Form



## What will be my commitment?

1. As an official committee member, you will make a significant commitment to Markham Fair which may involve orientation and training to fulfill the needs of your committee(s).
2. All committee members are required to be paid-up members of the Markham & East York Agricultural Society. The annual membership fee is \$10.00.

**Please print clearly, complete the form below and return with payment to:**  
**Markham Fair, 10801 McCowan Road, Markham, Ontario L3P 3J3**  
**The Chairperson of your chosen committee must sign this form before sending to the office.**

**Committee Member Registration Forms will not be processed unless accompanied by payment of the annual membership fee.**

## Personal Information

Mr./Mrs./Ms./Dr.

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

Mailing Address:

\_\_\_\_\_  
*No.*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Apt.*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province*

\_\_\_\_\_  
*Postal*

Telephone:

\_\_\_\_\_  
*Preferred #*

\_\_\_\_\_  
*Alternate#*

Birth Date:

\_\_\_\_\_  
*(yyyy, mm, dd)*

E-mail

Emergency Contact:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone #*

The information contained in this application will not be shared with any other organization without your permission. Go to [www.markhamfair.ca/privacy/](http://www.markhamfair.ca/privacy/) to view our privacy policy.

## Waiver

### (Please sign below)

I/my participating child hereby agree that the above information is correct to the best of my knowledge, am aware that volunteering at Markham Fair involves inherent risks which are above and beyond the control of Markham Fair and voluntarily and knowingly acknowledge, accept and assume these risks.

I/my participating child therefore hereby release the Markham & East York Agricultural Society and its agents, officials, employees, volunteers and contractors from any and all liability, actions or lawsuits arising from any activity relating to the event, howsoever caused.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date (yyyy, mm, dd)*

\_\_\_\_\_  
*Parent or Guardian Signature (if under 18 years of age)*

## Primary Committee – To Be Completed By Committee Chairperson

I agree to add the above volunteer to the \_\_\_\_\_ Committee as their Primary Committee.

Insert Committee Name

\_\_\_\_\_  
*Chairperson's Signature*