



Lot #: _____

Lot size: S (Up to 15 ft.)

M (16 to 24 ft.)

L (25 to 40 ft.)

RV COMPOUND REGISTRATION FORM

APPLICANT INFORMATION:

NAME: _____ RANK: _____

Phone #: _____ WORK: _____

NAME 2: _____ RANK: _____

Phone #: _____ WORK: _____

Address: _____

THERE IS A MAXIMUM OF 2 PEOPLE FOR ACCESS TO KEY PER LOT

VEHICLE INFORMATION:

MAKE: _____ MODEL: _____

LENGTH: _____ PLATE#: _____

MOST RECENT AND UP TO DATE REGISTRATION AND INSURANCE MUST BE PROVIDED BEFORE GAINING ACCESS TO THE COMPOUND.

a. **Waiver of Liability:**

In consideration of my participation in or attendance at this RV Compound, I, on behalf of myself, personal representatives, heirs, spouse, children or assigns, do hereby waive, release and forever discharge His Majesty the King in Right of Canada, His officers, servants, agents, employees and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this RV Compound; and
INITIAL _____

b. **Indemnification and Hold Harmless**

I also hereby agree to indemnify and save harmless His Majesty the King in Right of Canada, His officers, servants, agents, employees and members of His Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this RV Compound.
INITIAL _____

SIGNATURE _____

PSP STAFF USE ONLY

INITIAL REGISTRATION:

Start Date: _____ End Date(6 months min.): _____

Payment Method: Military Pay Deduction Monthly Fee: _____
\$10+GST up to 24 ft. \$15+GST 25+ft.

Registration Received: Yes / No Insurance Expiry Date: _____

Other Lots: _____ Staff Name: _____

Insurance Expiration Dates: _____