

Application for Display Fireworks
Whitchurch-Stouffville Fire & Emergency Services
Telephone: 905 640-9595 Fax: 905 640-9517

Applicant Information:

Event Name:	
Company Name:	Contact Name:
Contact Telephone:	Contact Email:

Display Information:

Address of Display:	
Reason for Display:	
Date of Display:	
Time of Display:	
Alternate Date of Display:	
Supervisor of Display:	

The following is required to be submitted with your application:

- Photocopy of Display Supervisor's Operator Certificate in charge of display (front and back of card);
- ▯ Proof of commercial general liability insurance;
- ▯ List of fireworks to be employed as shown on the ERD approved list;
- ▯ Method and sequence of firing;
- ▯ Description of security, fire safety measures for event and disposal method of product;
- ▯ Written authorization from registered property owner;
- ▯ A site plan, identifying;
 - Firing location(s)
 - Distances to audience, buildings, etc.
 - Locations of spotters
 - Location of fire extinguishing equip
 - Fallout zone
 - North arrow
- Payment in accordance with the Town of Whitchurch Stouffville's fees schedule.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY AGREEING TO THE TERMS OF THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION
PLEASE READ CAREFULLY!

I acknowledge that by applying for a Fireworks Display Permit (the "Fireworks") it may expose me and others to known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the Fireworks. **The risks include, among other things, and without limitation:** burns; loss of eyesight, fingers, toes and/or limbs; physical disabilities; slipping and falling; cuts and bruises; muscle and joint sprains and strains; broken bones; concussions and other serious injuries; property catching fire; riots; terrorist attacks (domestic and/or foreign); contraction of communicable diseases, including but not limited to COVID-19; and theft and/or vandalism of property. **I expressly agree and promise to accept and assume all of the risks existing with participation in the Fireworks. My participation in the Fireworks is purely voluntary and I elect to participate in spite of the risks.**

I HEREBY AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against **STOUFFVILLE FIRE & EMERGENCY SERVICES** and **THE CORPORATION OF THE TOWN OF WHITCHURCH-STOUFFVILLE and its elected officials, directors, officers, employees, agents, representatives, successors, assigns and those for whom the Town is at law responsible** (hereinafter collectively referred to as the "Releasees"), and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my family, heirs, assigns, personal representatives and estate may suffer from my participation in the Fireworks, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING BUT NOT LIMITED TO, NEGLIGENCE, BREACH OF CONTRACT, BREACH OF WARRANTY OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS' LIABILITY ACT (AS AMENDED), ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE, BY PARTICIPATING IN THE FIREWORKS.**

Further, in consideration of my participation in the Fireworks, I agree to hold harmless, defend and indemnify the Releasees from any and all liability, loss, claims, demands, costs and expenses, including legal fees, due to any personal injury, loss of life or property damage to myself or any third party arising from or related to my participation in the Fireworks. I acknowledge the Town shall not be liable for any damages, financial or otherwise, due to cancellation of the Fireworks Permit resulting from any pandemics and/or any Provincial Orders/legislation.

I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

Applicants Signature

Date of Application

FIRE & EMERGENCY SERVICES USE ONLY	
Comments/Conditions:	
_____ Fire Official	_____ Date of Approval
THIS PERMIT HAS BEEN GRANTED AND SHALL BE POSTED ON-SITE AND AVAILABLE UPON REQUEST	