



## Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

**Read carefully.** By signing this document you will waive certain legal rights, including the right to sue.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel. No: ( ) \_\_\_\_\_ Bus. No: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date (yy/mm/dd) \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

**To:** The Corporation of the City of Vaughan, and its respective elected officials, directors, officers, employees, agents, independent contractors, sub-contractors, representatives, successors and assigns (hereinafter collectively referred to as the "Releasees"):

I, \_\_\_\_\_ freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting from my participation as a volunteer in \_\_\_\_\_.

### Release of Liability, Waiver of Claims & Indemnity Agreement

In consideration of the releasees permitting me to participate as a volunteer with \_\_\_\_\_ and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. **To waive any and all claims** that I have or may have in the future against **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 next of kin may suffer as a result of my involvement in the above noted program or event DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.O. 1990, c.O.2, AS AMENDED, ON THE PART OF THE RELEASEES, AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in \_\_\_\_\_.
3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of \_\_\_\_\_ other than what is set forth in this Agreement.

I am aware that participating as a volunteer with _____ I am not provided with any disability, accident or medical insurance or compensation and that I am not covered by The Workplace Safety & Insurance Act, 1997, S.O. 1997c. 16, Schedule A, as amended, should I become injured while participating as a volunteer.	_____ Initial
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**I confirm that I have read and understood this agreement prior to signing it, and I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the Releasees.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_.

\*Signature of Parent/Guardian (for children under 18 years of age): \_\_\_\_\_

**\*Signatures of all parents / guardians are required for this release**

Signature of Volunteer: \_\_\_\_\_ Print Name Clearly: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Print Name Clearly: \_\_\_\_\_

Personal information on this form is collected pursuant to the Municipal Act, 2001, S.O. 2001 c.25, as amended and will be used for the purpose of confirming the release of liability, waiver of claims and indemnity agreement. Questions about this collection should be directed to the Environmental Sustainability Office, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario, L6A 1T1, 905-832-8585.