



Whistler Community Services Society

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ASSUMPTION OF RISKS, WAIVER OF CLAIMS, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

ASSUMPTION OF RISKS

I CONFIRM that I have asked the Whistler Community Services Society (the "Society") to allow me/my child to participate/volunteer in the Society's programs and events (the "Activities"). I am aware of the risks and dangers inherent with my/my child's participation in the Activities. I freely accept and fully assume all such risks and dangers and the possibility of personal injury, death, property damage and loss resulting therefrom. I/my child nevertheless wish to participate in the Activities.

WAIVER OF CLAIMS, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the Society accepting my request, I hereby agree to waive any and all claims that I or my child have or may in the future have against the Society and its directors, officers, contractors, subcontractors, employees, volunteers, sponsors, agents, representatives, successors and assigns (the "Releasees") and to release the Releasees from any and all liability for any loss, damage, expense or injury including death that I or my child may suffer, or that my child's/my next of kin may suffer, as a result of my child's/my participation in the Activities due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care on the part of the Releasees, and including the failure on the part of the Releasees to safeguard or protect me/my child from the risks and dangers referred to above. I further agree to hold harmless and indemnify the Releasees from any and all liability for any damage to property of or personal injury to any third party, resulting from my child's/my participation in the Activities. This Agreement shall be binding upon my child's and my heirs, next of kin, executors, administrators, successors, assigns and representatives; it shall be governed by and interpreted in accordance with the laws of the Province of British Columbia.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY CHILD'S HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

_____ Signed this _____ day of _____, 200__

Signature

Print Name of Signer: _____

Witnessed by: _____

WCSS Mission: To support social sustainability in Whistler by providing programs and services that improve the ability of Whistler community members to meet their needs and enhance their lives.

www.mywcss.org