

WAIVER AND RELEASE FROM LIABILITY

Name of activity or event:
Dates of activity or event:
I acknowledge that there is risk involved in the above-noted activities or events organized by the Calgary Association of Lifelong Learners. I commit to participating in a responsible manner and, by this Waiver, I assume all risks and take full responsibility and waive any claims relating to personal injury, death or damage to personal property associated with my participation in these activities or events.
I understand and confirm that by signing this Waiver I give up certain future legal rights. I sign this Agreement freely and voluntarily without any inducement. My signature is proof of my COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY to the full extent of the law.
Participant name
Participant address
Emergency contact person
Address
Telephone number
Participant signature Date