



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



(Please read carefully before signing)

Participant`s name _____

Participant`s age _____

Program/activity _____

Date/term of the program/activity _____

Location where the program/activity will be held: Tanglewood Park Community Centre
30 Woodfield, Ottawa

This program/activity is designed predominantly for healthy individuals. If you have been inactive or have health or medical concerns, you are advised to consult with your physician prior to becoming involved. Participation in sport, general fitness and physical activity programs involve a risk of normal injuries. Your participation will be deemed to indicate acceptance of such risks.

I understand and agree that my participation in this program/activity is completely voluntary. I further agree that in the event of a personal injury or property loss, as a result of my participation in this program/activity, I accept full responsibility and I will not hold liable the Tanglewood Hillsdale Community Association, THCA`s management committee of Tanglewood Park Community Centre, their employees, volunteers, contractors, agents or instructors, and/or the Property Owner (City of Ottawa).

I am aware of the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement that I am signing. I am executing this release and waiver of liability agreement freely.

By signing this document you will be assuming certain legal risks. You must acknowledge having read, understood and agree to the above conditions contained in this Agreement.

(Participant if 18 years of age or older)
(Print your name)

(Signature of Participant)

(Date)

If the member participating in this activity is under the age of 18 years old, a parent or legal guardian is required to sign. My child, a minor pursuant to the Age of Majority and Accountability Act, has my permission to participate in this program/activity.

(Parent/Legal Guardian, print your name)

(Signature of Parent/Legal Guardian)

(Date)

(Witness, print your name)

(Signature of witness)

(Date)