

Gagetown Military Family Resource Centre

A-45 St. Lawrence Avenue, Oromocto, NB E2V 4J5
Ph: (506) 422-2000 ext. 3352 Fax: (506) 422-1444

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

**** PLEASE READ CAREFULLY ****
BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

To The Gagetown Military Family Resource Centre (hereinafter referred to as "the Gagetown MFRC")

On behalf of myself and my heirs, executors, administrators and assigns, I _____ of the City/Town of _____ in the Province of New Brunswick ("the Releasor"), in consideration of being permitted to participate in the Gagetown MFRC programs and activities, **do hereby remise, release and forever discharge the Gagetown MFRC, and/or its directors, officers, employees, volunteers, agents and/or representatives** (Collectively "the Releasees") of and from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims or demands of whatsoever kind or nature that I ever had, now have, shall or may hereafter have against the Releasees as the result of or arising out of my attendance or participation in any program/activity, including the negligence of the Releasees.

If the Releasor commences any proceeding involving any claims, complaint or demand against the Releasees for any cause, matter or thing relating to the matters dealt with in the Release, this Release may be raised as a complete bar to any such claim, demand or complaint in the proceeding.

MEDICAL RELEASE: I acknowledge it is my responsibility to advise the Gagetown MFRC of any and all medical conditions that may affect the participation of the above-named in any program/activity. In the event the above-named requires medical attention, I hereby consent to the transport to the nearest medical facility, including by ambulance, and accept that I am solely responsible for any costs of such services.

PHOTO RELEASE: Permission is hereby: **Granted** / **Denied** (please circle) for the Gagetown MFRC to take and use individual photographs of the above-named for promotions and records.

SIGNED, SEALED and DELIVERED at Oromocto, in the Province of New Brunswick,

this _____ day of _____, 200 ____.

SIGNATURE: _____

(Or parent/guardian signature if above-named is under 18 years of age)

PARENT/GUARDIAN's NAME (please print): _____

(Required if above-named is under 18 years of age)

NAME & SIGNATURE OF WITNESS: _____

Gagetown MFRC PRIVACY POLICY:

Information collected by the Gagetown Military Family Resource Centre will be used for MFRC purposes under strict confidentiality in compliance with the Privacy Code for Military Family Services Program; and will not be provided to a 3rd party or organization without written permission, unless required by law. Information about client participation in MFRC services and activities is NOT provided to CF authorities.