## PARKLAND TAI CHI ASSOCIATION a non profit organization founded to promote health improvement

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

BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

I,	_(Print Ful	l Nam	e) OF
(Print Full	Address)	AM	OVER
THE AGE OF EIGHTEEN YEARS AND I AGREE THAT, IN CONSIDER	RATION	of my	being
permitted to enter and use the following described lands and premises (inclu	uding all f	faciliti	es and
equipment located therein) for any activities including but not limited to Tai Cl	hi, located	on the	e lands
and premises being:			

- The lands and premises in the City of Spruce Grove municipally described as Centre 16 Building Suite 205, 95 McLeod Avenue, which premises are leased to and operated by the Parkland Tai Chi Association (herein after referred to as the "Lands and Premises").
- The lands and premises in the City of Spruce Grove municipally described as community parks used occasionally by the Parkland Tai Chi Association (herein after referred to as the "Lands and Premises").
- The lands and premises in the Town of Devon used by the Parkland Tai Chi Association.

I AGREE that I, the undersigned, on behalf of myself, my heirs, successors and assignors, HEREBY REMISE, RELEASE, INDEMNIFY, DISCHARGE, AND FOREVER HOLD HARMLESS the Parkland Tai Chi Association ("the Association"), the directors, employees, volunteers, coaches, instructors, agents and independent contractors and their heirs, successors and assignors from any claims whatsoever arising by reason of any disease, deterioration of health, illness or injury to any person, including death, or for damage to, or loss of any of my property resulting from or arising from use of the Lands and Premises, from being present on the Lands and Premises, from participation in any program, from the use of any facilities or equipment located on the Lands and Premises, from acceptance of the advice of, or from the negligence of the Association, their directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the Lands and Premises and any situation where an Online class is held and I attend through my own device at my own chosen location.

I understand that I am free to seek independent legal advice before signing this waiver and have been given every opportunity to do so. I hereby agree that I have read this form in its entirety, and fully understand its contents.

DATED at the ,	in the	Prov	vince	of Alberta,

this \_\_\_\_\_day of \_\_\_\_\_(month), \_\_\_\_\_(year)

WITNESS

SIGNATURE OF NAMED MEMBER