



## WAIVER AND ASSUMPTION OF RISK

I, \_\_\_\_\_ we, the undersigned, do hereby agree that, as a condition of the use of the Facilities of the Halifax Regional Centre for Education (HRCE), operating with the Halifax Regional Municipality (HRM), I hereby assume all risk of personal injury, death, and property loss resulting from any cause whatsoever including but not limited to the inherent risks of sporting activities and/or scheduled event or activity, and I do hereby release the HRCE, operating with the HRM, and the employees, agents, and staff of the HRCE, operating with the HRM, and their landlords and lessors, from any and all claims that I, we, might have for personal injury, death or property loss except for negligence of the HRCE/HRM.

I, we, the undersigned agree that HRCE, operating with HRM, and the employees, agents, staff and instructors of the HRSB, operating with the HRM, and their landlords and lessors, shall not be liable for such personal injury, death or property loss, and I waive all claims with respect thereto.

I, we, ACCEPT AND FULLY ASSUME, full responsibility for any liability with respect to personal injury, death or property loss.

Group/Organization Name: \_\_\_\_\_

Group/Organization Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address (full mailing address): \_\_\_\_\_

Date: \_\_\_\_\_

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**For Office Use Only**

Staff Receiving: \_\_\_\_\_

Date: \_\_\_\_\_