

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK and INDEMNITY**

**By signing this document, you will waive certain legal rights, including the right to sue. Please read carefully!**

**Arbour Day**

In consideration of permission, granted now or in the future by the City of Leduc (the "City") to participate in:

Arbour Day Tree Planting (the "Event") on May 11, 2019, I agree and acknowledge that:

1. I am volunteering for this tree planting event, and will follow the direction of the organizers.
2. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, death and property loss, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
3. I willing agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The City of Leduc, their officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person including any claim for medical services, or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE CITY OR OTHERWISE. I agree wholly that my participation in the event shall be entirely at my own risk.
5. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

DATED at Leduc, Alberta this 11<sup>th</sup> day of May, 2019

Name (Please Print)	Signature of participant	Signature of Witness
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Name (Please Print)	Signature of participant	Signature of Witness
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**If the Participant(s) is under the age of 16:**

This is to certify that I, as parent/guardian with legal responsibility for this participant(s), do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in this program as provided above.

Name of Parent/Guardian (Please Print)	Signature of Parent/Guardian	Signature of Witness
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Minor's Name (Please Print)	Minor's Name (Please Print)	Minor's Name (Please Print)
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**The personal information requested on this form is being collected to determine membership and/or participation in City programs and activities under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Questions regarding the collection and use of this personal information may be directed to the FOIP Coordinator's Office at #1 Alexandra Park, Leduc, AB, T9E 4C4, phone (780) 980-7177.**