

### General Release of Liability Form

I, \_\_\_\_\_, at \_\_\_\_\_ (location).

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN \_\_\_\_\_ (name of activity)  
conducted by the Military Family Resource Centre (MFRC) – Montreal Region  
\_\_\_\_\_ (address).

**I CERTIFY** that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised not to participate by a qualified medical professional.

**I CERTIFY** that there are no health-related reasons or problems which preclude my participation in this activity.

In consideration of my participation in this activity, I hereby take the following action for myself and my children:

**(1) I RELEASE FROM ANY AND ALL LIABILITY**, including, but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, bodily injury, theft, or actions of any kind which may hereafter occur to me, the following entities or persons: the Military Family Resource Centre (MFRC) – Montreal Region and its directors, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

**(2) I PROMISE NOT TO SUE** the persons or entities mentioned in this paragraph for any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or not. I acknowledge that the Military Family Resource Centre and its directors, employees, volunteers, and representatives ARE NOT liable for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on its behalf.

This waiver and release of liability form shall be construed broadly to provide a waiver and release to the maximum extent possible permissible under law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND THAT I FULLY UNDERSTAND ITS CONENT. I AM AWARE THAT IT IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

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

Name and signature of Releasor

\_\_\_\_\_

Name and signature of parent/guardian (if under 18)



