RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AND INDEMNITY AGREEMENT (hereinafter the "Release Agreement")

BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF THE OCCUPIERS LIABILITY ACT OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

I AGREE THIS RELEASE AGREEMENT SHALL APPLY TO ALL MY PARTICIPATION IN THE ACTIVITIES FOR A PERIOD OF 2 CALENDAR YEARS FROM THE DATE I SIGN THIS AGREEMENT, INCLUDING ALL ACTIVITIES BOOKED, SCHEDULED AND RESCHEDULED BOTH BEFORE AND AFTER THE DATE OF SIGNING.

PLEASE READ CAREFULLY!

SIGNATURE OF PARTICIPANT

Name	Last		First	Initial
Address	Street	City	Prov	Code
Date of Birth	Year	Month	Day	Age
Phone & Email	Home	Mobile	Email	

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.

This Agreement is entered into between the undersigned participant (referred to as "Participant") and **ActiveAge** ("the Organization"), its directors, officers, employees, volunteers, agents, successors, and assigns.

Activities

This agreement applies to all activities, programs, events, classes, workshops, trips, and other services offered by ActiveAge, including but not limited to physical movement, fitness, social gatherings, games, group travel, use of transportation, intergenerational interaction, and use of facilities or equipment (collectively referred to as the "Activities").

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

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

INITIALS OF PARTICIPANT

Acknowledgment and Assumption of Risks

I acknowledge that participation in the Activities involves risks, including but not limited to:

- Physical exertion and injuries (e.g., sprains, falls, heart events)
- Interactions with other participants, including children or seniors
- Travel risks (for offsite events)
- Use of equipment or facilities
- Exposure to illness, including communicable diseases

I understand and voluntarily assume full responsibility for all such risks, both known and unknown, even if arising from the negligence of the Organization or others.

Release of Liability and Waiver of Claims

In consideration for participating in the Activities, I hereby:

- **Release** and forever discharge the Organization from any and all liability, claims, demands, actions, or causes of action related to any loss, damage, injury, or illness (including death) that may be sustained while participating in or traveling to/from any Activity.

- **Waive** any claims I may have against the Organization, whether caused by negligence or otherwise.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

Indemnity

I agree to **indemnify and hold harmless** the Organization from any and all claims, demands, or causes of action brought against them by any party arising out of or in connection with my participation in the Activities.

Health Declaration

I affirm that I am physically, emotionally, and mentally capable of participating in the Activities. I have disclosed any relevant medical conditions and will not participate in any Activity if I feel unwell or unfit to do so.

Emergency Medical Treatment

In the event of an emergency, I authorize the Organization to seek medical assistance for me and agree to be financially responsible for any resulting costs.

Photo & Media Release

I grant permission for photos, video, or other media taken during the Activities to be used by ActiveAge for promotional or educational purposes, without compensation.

Governing Law

This Agreement shall be governed by and interpreted in accordance with the laws of the province of Alberta.

Acknowledgment of Understanding

I CONFIRM THAT I HAVE READ AND AGREE TO THIS RELEASE AGREEMENT. I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASES. I ACKNOWLEDGE THAT I AM SIGNING THIS RELEASE AGREEMENT FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY.

Witness Signature	Signature of Participant
Print Name of Witness	Date

MEDICAL INFORMATION FORM

PARTICIPANT INFORMATION

NAME	Last	First
DATE OF BIRTH	Month/Day/Year	Age

EMERGENCY CONTACT

NAME			Relationship
TELEPHONE	Home	Mobile	

MEDICAL INFORMATION

ALLERGIES	
MEDICATIONS	
MEDICAL CONDITIONS	
FAMILY DOCTOR/ Phone	
IS THERE ANY OTHER HEALTH OR MEDICAL INFORMATION YOU WANT US TO KNOW ABOUT	