



Winkler & District Multi-Purpose Senior Centre Inc.

102 - 650 South Railway Avenue Winkler, Manitoba R6W 0L6

PH. 204-325-8964 wsc.325.8964@gmail.com winkler55plus.com

WAIVER AND RELEASE FROM LIABILITY WORKSHOP

THIS IS A RELEASE OF LEGAL RIGHTS – MUST BE READ AND SIGNED

NAME: _____

ADDRESS: _____

CITY, PROV. ZIP _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

- Inherently Dangerous Risks.** I understand that in these activities I may use inherently dangerous tools, equipment, machines, chemicals, substances and/or undertake or participate in orientation at the beginning of my activity and I will not use equipment or materials without familiarizing myself with their safe use. **I will always ensure that someone is with me in case of emergency, and will not work in the shop alone.** I will educate and inform myself on the inherent dangers and risks that are associated with participation in that particular project. I will inspect the facility and equipment to be used, and if I believe anything is unsafe, I will immediately refrain from further using same and will advise the WSC (Winkler Senior Centre) of such condition. Risk of this nature could lead to illness, serious injury or even death.
- Health and Safety.** I am aware that my own behavior can affect my personal safety and the safety of others involved in the WSC Workshop. I will act according to WSC policies as described in the safety orientation I understand that failure to comply may result in my dismissal from the WSC workshop, at its discretion.
- Assumption of Risk and Release of Claims.** Knowing the risks described above, I agree, on behalf of myself, my family, heirs, and personal representative(s), to assume all risks and responsibilities surrounding my participation in such programs. To the fullest extent permitted by law, I release, and shall hold harmless, indemnify and defend WSC and its officers, employees, volunteers and agents, including those who have provided tools, equipment and facilities, from, against and with respect to any present or future claim, loss or liability for injury of person or property which I may suffer, up to and including death, or for which I may be liable to any person, during, as a result of, arising from or otherwise with respect to my participation in and WSC Workshop project or activity.
- NOTE:** BALC will have NO Liability in the workshop as it is WSC Space.

"Providing opportunities for persons 55 plus to experience a positive and dignified retirement lifestyle in their community."

I have read the above waivers included as part of this agreement, fully understand their terms, understand that I have given up substantial rights by signing this and have signed this freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding shall continue in full force and effect.

I have read the current WSC workshop Policy & Safety Rules.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

Parent/Guardian of builders under the age of 18

If the participant is under the age of 18, a parent or legal guardian must also sign the WSC consent to release below agreeing to the following statement:

This is to certify that as parent/guardian of this participant, I do consent to his/her release of liability as set forth with this application and agree to the waivers above.

Parent/Guardian Signature _____ Date _____