



RELEASE OF LIABILITY / LIABILITY WAIVER FORM

By signing below, I, _____ ,
PRINT NAME CLEARLY

acknowledge that all activities sponsored or conducted by M.A.D.E. in Edmonton. (hereinafter, M.A.D.E.) are likely to be extremely hazardous and may result in accident, loss, damage, or injury. Such events may result from any activity, or could result from defective equipment.

With full knowledge of these dangers, and intending to be legally bound, I hereby agree for myself and on behalf of all of my family and heirs to RELEASE M.A.D.E. and any of its representatives, agents, directors, officers, members, fellow participants (hereinafter collectively referred to as "Participants") and owners of any equipment or property upon which the equipment is located, including but not limited to Churchill Square from any and all liability claims, demands or any causes of action, and NOT TO SUE OR OTHERWISE make ANY CLAIMS against the Participants or Owners whatsoever which may arise during my participation in any activities of M.A.D.E. or the Participants.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death RESULTS FROM THE NEGLIGENCE of the Participants or Owners. I understand that negligence means a failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect him or herself, or others, from accident, injury or death. I understand that there is no professional or certified supervision. I will follow the advice of and use the services of M.A.D.E. representatives and fellow participants at my own risk.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities sponsored or conducted by M.A.D.E., including inspecting all equipment and make my own assessment as to whether it is safe and free from all defects. This RELEASE AND WAIVER is given in the interest of permitting M.A.D.E. to exist and continue to serve the Edmonton community and to enable fellow participants and M.A.D.E. representatives to feel free to donate services and to help each other without fear of liability. I further understand that there is no insurance coverage for M.A.D.E. or any of the equipment or property. I understand that any claim for coverage of medical bills will be submitted to my own insurance company.

My release is given in exchange for the ability to use M.A.D.E. and the Participants' equipment, located on Churchill Square and similar waivers to be granted on my behalf by other members of M.A.D.E..

This RELEASE AND WAIVER has no expiration date.

SIGNATURE _____ DATE _____

IN EMERGENCY, CONTACT _____ ADDRESS _____ PHONE _____

IF ANY PARTICIPANT IS UNDER 18, PARENT OR GUARDIAN MUST READ AND SIGN BELOW.

I am the legal guardian of the above minor participant and have read the above application and RELEASE AND WAIVER. I hereby consent to the terms stated above and RELEASE AND WAIVER on behalf of named minor participant, and give my consent to the participation of the above named minor in all activities of Participants Club, Inc. on the terms stated.

SIGNATURE _____ DATE _____