COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY
APPENDIX F - ADULT DAY PROGRAM

4-962 OLD TECUMSEH ROAD, BELLE RIVER, ON N8L 0Y9
PHONE: (519) 728-1435 | FAX: (519) 728-4713
INFO@COMMUNITYSUPPORTCENTRE.CA

CLIENT NAME: _____

ADULT DAY PROGRAM

AVAILABLE SITES AND LOCATIONS:

COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY (LAKESHORE SITE)
4-962 OLD TECUMSEH ROAD, BELLE RIVER, ON N8L 0Y9

COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY (ESSEX SITE)
32 RUSSELL ST, ESSEX, ON N8M 1G3

TECUMSEH GOLDEN AGE CLUB (TECUMSEH SITE)
ST ANDREW'S CHURCH 235 AMY CROFT DR, LAKESHORE, ON N9K 1C8

WAIVER AND RELEASE OF LIABILITY FORM

DISCLAIMER, COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY IS NOT RESPONSIBLE FOR ANY INJURY (INCLUDING DEATH) OR LOSS OF PROPERTY SUFFERED WHILE PARTICIPATING IN THE FITNESS ACTIVITIES, USING THE EQUIPMENT OR ANY COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY PREMISES FOR ANY REASON WHATSOEVER, INCLUDING ANY POTENTIAL NEGLIGENCE ON THE PART OF COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY, ITS AGENTS OR EMPLOYEES

I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY, ITS AGENTS OR EMPLOYEES FOR ANY AND ALL CLAIMS ARISING AS A RESULT OF MY ENGAGING IN PHYSICAL ACTIVITY OR ANY OTHER ACTIVITIES WITHIN OUR PREMISES.

I UNDERSTAND THAT THIS WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE PROVINCE OF ONTARIO AND AGREE THAT IF ANY PORTION IS HELD INVALID, THE REMAINDER OF THE WAIVER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT. I FURTHER AFFIRM THAT THE VENUE FOR ANY LEGAL PROCEEDINGS SHALL BE IN THE PROVINCE OF ONTARIO.

I AFFIRM THAT I AM OF LEGAL AGE AND AM FREELY SIGNING THIS AGREEMENT. I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT BY SIGNING THIS FORM, I AM GIVING UP LEGAL RIGHTS AND /OR REMEDIES, WHICH MAY BE AVAILABLE TO ME FOR ANY POTENTIAL NEGLIGENCE ON THE PART OF COMMUNITY SUPPORT CENTRE OF ESSEX COUNTY OR ANY OF THE PARTIES LISTED ABOVE.

PLEASE READ BEFORE SIGNING

_____ _____
SIGNATURE **DATE**

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