



**ARNPRIOR**

Town of Arnprior  
Hereinafter referred to as the "Municipality"  
WAIVER, RELEASE and SAVE HARMLESS

In consideration of \_\_\_\_\_ volunteering on behalf of the "Municipality" acting in my capacity as \_\_\_\_\_ from \_\_\_\_\_ (insert date of the event) \_\_\_\_\_ until \_\_\_\_\_ (insert date of the event)

**ELEMENTS OF RISK:**

I acknowledge that my participation as a volunteer involves certain elements of risk including but not limited to cuts, abrasions, sprains, fractures, spinal injury, brain injury or even death. The risk of sustaining injury can result from the nature of the activity itself, natural and manmade, climatic conditions, the actions of third parties and the participant's own physical condition and actions.

The risk of sustaining these types of injuries can result from the nature of the activity and can occur without any fault of the volunteer, or the "Municipality", its employees, agents, council members, or the facility where the activity is taking place. By choosing to volunteer in this activity, you are accepting the risk that you may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

**If you choose to participate as a volunteer on behalf of the "Municipality" you must understand that you bear the responsibility for any injury that might occur.**

**I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the "Municipality" and its employees, council members, officials and officers from all claims, demands, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation as a volunteer for the "Municipality".**

**I FURTHER AGREE to save harmless the "Municipality" from and against any and all liability arising from or as a result of, my duties as a volunteer for the "Municipality".**

**In order to participate, I HEREBY AGREE to do so at my own risk and understand that I do not have access to the "Municipality's" Health Benefits or WSIB.**

**BY SIGNING this form, I acknowledge having read, understood and agreed to the above waiver, release, and to hold the "Municipality" harmless.**

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Please Print:

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