



APPENDIX E

RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK

*****PLEASE REVIEW THIS FORM PRIOR TO SIGNING IT*****

Event: [Insert course description here]

1. I hereby acknowledge that in consideration of participating in the [Insert name of course/event here] (hereinafter referred to as the "Course") on [Insert date(s) here]:
2. 1. I do hereby release the Ontario Physiotherapy Association, its directors, officers, employees, course instructors, agents and contractors [Insert the names of any other parties that should be covered in the release, including site of the course/event etc.] (hereinafter referred to as the "Releasees") from any and all claims, damages, causes of action or any other recourse whatsoever in respect of all personal injuries, damage to property or any other damage which may arise while attending and/or participating in any aspect of the Course and do hereby discharge the Releasees from any such liability.
3. I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I agree that I will not make a claim or demand for damages, seek any form of declaration and/or any other relief that may be available to me at law from the Releasees by way of an action, application or any other permitted proceeding in a court of competent jurisdiction, administrative tribunal or arbitral tribunal in respect of any personal injury, damage to property or any other damage which may arise out of my attendance and/or participation in the Course. I further acknowledge that the Releasees can rely on this **Release of Liability, Waiver of all Possible Claims and Assumption of Risk** as a complete defence to any and all claims, causes of action, demands or recourse or liability that may arise at any time related to my attendance and/or participation in the Course.
4. I have carefully reviewed this **Release of Liability, Waiver of all Possible Claims and Assumption of Risk** and acknowledge that I fully understand its terms. I acknowledge that I am signing this **Release of Liability, Waiver of all Possible Claims and Assumption of Risk** voluntarily.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS OF THIS AGREEMENT.

5. Dated at _____ this _____ day of _____ 20__.
(Location) (Date) (Month)

Printed Name

Signature