



# WESTEND SENIORS ACTIVITY CENTRE



## Release, Waiver of Liability Agreement

I \_\_\_\_\_  
(Print Name)

fully understand that I have agreed to provide services as an independent service provider. I do not currently carry liability business insurance that will cover me in the event of an accident. I understand that I'm solely responsible for any medical or other costs arising out of any bodily injury to myself or client property damage sustained while providing services and that I'm solely responsible for any related income/self-employment, taxes or fees received for services provided.

I further covenant that I will not sue Westend Seniors Activity Centre, its board members, employees, volunteers, members, property owner, or senior for any claim for damages for bodily injury while performing services as an independent service provider.

I certify that I'm of age of consent and I have read the above carefully before signing.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Service Provider)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-Mail)

\_\_\_\_\_  
(Witness Signature)