

**ERMINESKIN TRIBAL ENTERPRISES  
Ermineskin Home Care**

WAIVER OF LIABILITY AGREEMENT

**THIS FORM MUST BE READ AND SIGNED BY THE PARTICIPANT OF  
ERMINESKIN HOME CARE.  
WARNING: BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL  
RIGHTS! PLEASE READ CAREFULLY!**

Name of Participant:

Address of Participant:

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Emergency Contact:

Relationship:

Phone number:

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**Disclaimer Clause**

The Ermineskin Cree Nation, Ermineskin Chief and Council, Ermineskin Tribal Enterprises, and Ermineskin Home Care, their affiliates and subsidiaries, directors, agents, employees, volunteers and representatives (hereinafter referred to as "Ermineskin Home Care") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in the events, activities, or sessions held during the Ermineskin Home Care, including injury, loss or damage which might be caused by the negligence of the Ermineskin Home Care.

**Description of Risks**

I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with my participation in the Ermineskin Home Care, including the POSSIBLE RISK OF SEVERE OR FATAL INJURY TO MYSELF OR OTHERS.

**Indemnification and Release of Liability**

In return for the Ermineskin Home Care allowing me to voluntarily participate in various events, activities or sessions of the Ermineskin Home Care, I agree:

1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participation in the Ermineskin Home Care events, activities and sessions, even though such risks may have been caused by negligence of the Ermineskin Home Care;
2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE that I may sustain while participating in any such events, activities or sessions, even though such injury, loss or damage may have been caused by the negligence of Ermineskin Home Care.
3. TO INDEMNIFY AND HOLD HARMLESS the Ermineskin Home Care, its officers, directors, agents, volunteers, employees and representatives from any and all claims, demands, actions and costs which might arise out of my participation in the events, activities or sessions, even though such claims, demands, actions and costs may have been caused by the negligence of the Ermineskin Home Care.

**Acknowledgement**

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT. It is binding upon myself as well as upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity. I HAVE READ AND UNDERSTAND ALL THE TERMS OF THIS AGREEMENT, and by signing this agreement voluntarily I am agreeing to abide by these terms.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

**Witness Signature:**

**Witness Print Name:**

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