

# The Cerebral Palsy Association in Alberta Vacation without Limits Release Form

(Please print clearly and complete a separate form for each person in your family/group)

<b>Name:</b>	
(First)	(Last)
<b>Address:</b>	<b>Telephone:</b>
<b>City/Town:</b>	<b>Postal Code:</b>
<b>Province/State:</b>	<b>Country:</b>
<b>Emergency Contact</b>	
<b>Name:</b>	<b>Phone:</b>
<b>Under Age 18? (please check)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Waiver and Release of Claims

### **Please Read Carefully:**

In consideration of my reservation and of the Cerebral Palsy Association in Alberta permitting me (my child) to stay at Alberta's Vacation Villa located at Raymond Shores in the Province of Alberta, Canada (the "**Villa**") and to make use of the recreational equipment and facilities for rent, supplied, maintained or controlled by the Association (the "**Equipment**") - as pool lift, beach wheelchairs, golf cart, etc. - I, the undersigned, assume full and complete responsibility for any injury or accident that may occur in connection with my (my child's) use of **the Villa, the pool at the Club House and the Equipment.**

I, on behalf of myself (and my child) and my (my child's) heirs, executors, administrators, trustees, agents and assigns, hereby **RELEASE, WAIVE and FULLY DISCHARGE** the Cerebral Palsy Association in Alberta, their directors, officers, employees, contractors, volunteers and representatives (collectively the "**Association**") from any and all liability, claims, causes of action of any kind whatsoever, present or future, whether known, resulting from or arising out of, or incident to, in whole or in part, my (my child's) or any other parties' stay at the Villa and use of the pool and the Equipment, **whether or not caused by negligence of the Association**, in respect of any personal injuries, loss of life or loss of property, or any other harm or loss that I (my child) might suffer as a direct or indirect result of my (my child's) stay at the Villa or the use of the pool and the Equipment.

### **Further, I acknowledge and agree that:**

1. Use of the Equipment carries with it some inherent risks and that use of such equipment may expose me (my child) to uncertain hazards, both foreseeable and unforeseeable.
2. I understand that it is my responsibility to use the pool at the Club House and the Equipment in a safe manner.
3. I freely and voluntarily assume all of the aforesaid risks and hazards for myself (my child).

4. I **TAKE FULL RESPONSIBILITY** for any damage to the Villa or the Equipment during the time I am (my child is) using the same and commit to return the Villa and/or the Equipment to the condition it was when I arrived.
5. I will **INDEMNIFY AND HOLD HARMLESS** the Association from and against all liability, damage, loss, legal costs or other expenses whatsoever resulting from any act or omission of mine (my child) that causes personal injury, loss of life, or the loss of or damage to property of third party in connection with my (my child's) stay at the Villa or the use of the pool and the Equipment.
6. I understand that by signing this Waiver and Release of Claims, I (my child) will be giving up important legal rights, including the right to sue or otherwise claim against the Association with respect to any matter arising from my (my child's) stay at the Vacation Villa at Raymond Shores Resort, Alberta, and the use of the rented and/or supplied Equipment.
7. I understand that no one is authorized to make statements or representations, either verbally or in writing, which in any way contradict this Waiver and Release of Claims.
8. I have carefully read this Waiver and Release of Claims, that I fully understand it and that I am freely and voluntarily executing the same.

SIGNATURE:

PRINT NAME:

DATE:

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\_\_\_\_\_

\_\_\_\_\_

WITNESS SIGNATURE:

WITNESS PRINT NAME:

DATE:

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**Form must be signed by a parent or guardian for persons less than 18 years old:**

SIGNATURE PARENT/GUARDIAN:

PRINT NAME/RELATIONSHIP:

DATE:

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\_\_\_\_\_

WITNESS SIGNATURE:

WITNESS PRINT NAME:

DATE:

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**FAX WITH YOUR COMPLETED RESERVATION FORM TO 780-471-0855**

**EMAIL: [VACATION@CPALBERTA.COM](mailto:VACATION@CPALBERTA.COM)**

**MAIL TO: 17231 – 105<sup>TH</sup> Ave, Edmonton, AB, T5S 1H2**

\*\*Privacy: We respect and will protect your privacy. Personal information will only be used for the purposes indicated on this form\*\*