CANADA LIFE RECREATION GROUNDS WAIVER AND INDEMNITY AGREEMENT 2024

	PLEASE TYPE	OR PRINT						
	Name (the "User")							
	Address:							
-	City:				Postal Code			
	Phone:			League	Baseball	Tennis	☐ Volleyball	
1.		acility This Agreement is in respect of the grounds, property and structures owned by The Canada Life Assurance ompany ("Canada Life") located at 2 Oxford Street East, London Ontario, N6A 1T1 (the "Facility")						
2.	Release of Liability In exchange for being permitted to use the Facility, the User, for himself or herself, including his or her heirs, assigns, personal representatives, and derivative claimants, hereby and forever releases and discharges Canada Life, its affiliates, and their respective directors, officers, employees, contractors, agents and their successors and assigns (the "Released Parties"), from every action, cause of action, claim, demand or obligation for damages, loss or injury, howsoever arising, whether direct, indirect, or incidental, and whether such action, cause of action, claim, demand or obligation pertains to: • personal injury or death • loss, damage or theft of personal property, • negligence/ occupier's liability • any other matter, related to, or in any manner connected with, his or her presence at, or use of, the Facility.							
3.	Property Rules The User agrees to abide by the Rules of Canada Life provided and/or posted on site regarding use of the Facility and conduct while at the Facility, including any masking requirements. Any breach of the Rules could constitute reason for restriction or termination of use, and immediate removal from, the Facility, or other measures, by Canada Life. Any decision to restrict use, terminate the use, or bar entry to, the Facility by a User, is in the sole discretion of Canada Life.							
Į.	Use of Facility at own risk The User understands that the Facility will be unsupervised and that he or she makes use of t grounds, property and structures at his or her own risk.							
5.	Indemnity The User agrees to hold harmless, indemnify and reimburse Released Parties from and for any sums, costs, or expenses incurred by any of them in connection with any accident, loss, damage or injury sustained or caused by the User i connection with their use of the Facility.							
6.	By entering a Canada Life office/premises, I am agreeing to abide by any Health Screening Questionnaire that is posted by Canada Life at the Facility.							
f y	ou have read, understood	and agree to the	above terms, plea	ase sign the declar	ation and agreen	nent below:		
ΑN	he User, declare that I as ID INDEMNITY AGRES I as effective as an ink sign	EMENT, in its en						
Us	er's Signature			Witness				

Questions or communications should be forwarded to the Property Management Department - T. 070

Date