

Society for Manitobans with Disabilities Inc.

Waiver and Release

IN CONSIDERATION of the acceptance of my entry in the Society for Manitobans with Disabilities Inc. Group Program – Adult Leisure and Recreation, I hereby waive and release the Society for Manitobans with Disabilities Inc. (the “Society”), its directors, officers, employees, agents, representatives, successors, and assigns from and against all claims, actions, demands, costs and expenses in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in the Group Program and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Society, its directors, officers, employees, agents, representatives, successors and assigns.

This Waiver and Release shall be binding upon me, my heirs, executors and administrators.

I acknowledge that I am of the full age of eighteen years or, if not, I have obtained the consent of my parents to participate in the program.

I acknowledge that I have read this document before signing it and have had an opportunity to obtain an explanation as to its contents.

Dated this _____ day of _____, _____.

Participant Signature

Witness Signature

Please Print Name

Please Print Name