

# COVID-19 WAIVER



## Release of Liability, Waiver of all Possible Claims and Assumption of Risk

**\*\*Please review before signing\*\***

I hereby acknowledge that I have agreed to use the Libro Centre (the "Facility") for the purpose of

\_\_\_\_\_. (the "Services")

I acknowledge and accept that there is a risk that I could be exposed to COVID-19 while using the Facility. I acknowledge and confirm that I am willing to accept this risk as a condition of use of the Facility.

In consideration of the Town of Amherstburg (the Town) agreeing to my use of the Facility, I agree to release the Town and the Facility (if applicable), their officers, directors, employees, agents and volunteers (the "Releasees") from any and all causes of action, claims, demands, requests, damages or any recourse whatsoever in respect of any personal injuries or other damages which may occur or arise as a result of exposure to COVID-19 during my visit to the Facility and/or through the provision of services to me by the Facility.

I do hereby acknowledge and agree that notwithstanding the generality of the foregoing, I declare that I will not commence litigation or otherwise seek to recover damages or other compensation against the the Town or Facility based on any action, claim, demand, request, loss or any recourse whatsoever arising from any potential or actual exposure to COVID-19 while attending at the Facility and/or through the provision of services to me by the Town. I further acknowledge that the Town can rely on this Release of Liability, Waiver of all Possible Claims and Assumption of Risk as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time.

I have carefully reviewed this Release of Liability, Waiver of all Possible Claims and Assumption of Risk and acknowledge that I fully understand the terms as set out above. I acknowledge that I am signing this Release of Liability, Waiver of all Possible Claims and Assumption of Risk voluntarily.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (of Parent/ Guardian if under 18)

\_\_\_\_\_  
Date