

Computers for Schools



Ordinateurs pour les écoles

LIABILITY WAIVER FORM

INFORMATION

Surname: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth (yyyy/mm/dd): _____

Alberta Health Care Number: _____

MEDICAL INFORMATION

PLEASE LIST IMPORTANT MEDICAL HISTORY, SPECIAL MEDICAL NEEDS OR CONCERNS, MEDICATIONS, ALLERGIES, DIETARY NEEDS, CONDITIONS AND/OR OTHER INFORMATION THAT ACFS STAFF SHOULD KNOW ABOUT YOU:

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK I recognize that the opportunity of being an employee may involve physical labour and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation. I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless Alberta Computers for Schools or its staff, directors, employees and agents.

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RELEASE OF LIABILITY:

By signing this Permission/Waiver Form, I expressly warrant that the person named above is capable of withstanding the physical demands of the duties related to this job. I also expressly assume all risks of my participating in these duties, whether such risks are known or unknown to me at this time. I further release Alberta Computers for Schools and its supervisors, employees, volunteers, or agents. I further agree to indemnify and hold Alberta Computers for Schools and its supervisors, employees, volunteers, or agents from any and all claims arising from my employment, or as a result of injury or illness during such duties.

EMERGENCY CONTACT

Please supply us with the names & phone numbers of two people whom we may contact in the event of accident or illness.

Name of Emergency Contact and Phone Number

1. _____

2. _____

CONSENT

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

Signature: _____ **Date:** _____