

# COVID 19

## Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement for Victoria Trail Agricultural Society **(18 Years and over)**

Warning: By signing this document, you will give up certain legal rights, including the right to sue, claim damages, seek compensation.

This document is to be signed by (Print Name) \_\_\_\_\_ (the “User”) in order to use the VTAS Indoor Arena and/or VTAS Fitness Centre.

I am fully and personally responsible for my own safety and actions while using the VTAS Indoor Arena and/or the VTAS Fitness Centre and recognize that I may in any case be at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive, discharge **Victoria Trail Agricultural Society**, its board, directors, officers, affiliates, employees, representatives from any and all liabilities, claims, demands, actions and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury or death that may be sustained by me related to COVID-19 while participating in any activity while in or around the premises or while using the VTAS Indoor Arena and/or the VTAS Fitness Centre that may lead to unintentional exposure or harm due to COVID-19.

Date: \_\_\_\_\_

User Signature: \_\_\_\_\_

User Address: \_\_\_\_\_

User cell #: \_\_\_\_\_

User email address: \_\_\_\_\_

Witness Name (Print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_