

**RECREATION & FITNESS SERVICES
WAIVER AND RELEASE OF LIABILITY**

Please email (service@petersonbc.com) or fax (604.688-3245).

In agreeing to participate in recreation and fitness activities at the Fairmont Medical Building, 750 West Broadway, Vancouver, I agree as follows:

I fully understand and acknowledge that recreational and fitness activities have:

- (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities;
- (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, other ailments that, could cause serious disability or death;
- (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes;
- (d) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of FAIRMONT MEDICAL BUILDING LTD., PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. and its representatives, employees or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify FAIRMONT MEDICAL BUILDING LTD., PETERSON COMMERCIAL PROPERTY MANAGEMENT INC., and their representatives, employees, from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of Peterson Commercial Property Management Inc.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE FAIRMONT MEDICAL BUILDING LTD. AND PETERSON COMMERCIAL PROPERTY MANAGEMENT INC. AND THEIR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant's Name (print): _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Date of Birth (mm/dd/yy): _____ Phone No.: _____

Date: _____ Participant's Signature: _____

Access Card Information:

Suite No.: _____ Company Name: _____

Access Card No.: _____