



INFORMED CONSENT AND WAIVER OF LIABILITY - ADULT

MUST BE 18 YEARS OR OLDER

I, the undersigned, do hereby agree that, as a condition of use of the unsupervised facilities of The Lake at Heritage Pointe Owners Association (the Association), I do hereby assume all risk of personal injury, death or property loss resulting from any cause whatsoever including but not limited to the inherent risks of boating, swimming, fishing, skating and use of the boats and lakes available to The Lake residents through the Association and I do hereby release the Association, its staff, committee members and board of directors from any and all claims that I might have for personal injury, death or property loss, whether based on allegations of negligence or not.

I, the undersigned, agree that the Association and its staff, committee members and board of directors shall not be liable for such personal injury, death or property loss, and I waive all claims with respect thereto.

I, the undersigned, also agree to indemnify, defend and hold harmless the Association and its directors, committee members, employees and agents from any and all liabilities, claims, demands, actions of any kind, damages, losses, injuries, costs and expenses (including legal fees on a solicitor and client basis) for which the Association or its directors, committee members, employees or agents may become liable by reason of the use of the Association facilities by myself or my dependents.

I confirm that I have read and understand the Association Rules and Regulations and agree to abide by said rules and regulations. I acknowledge that any damage to Association property and equipment is the financial responsibility of the user.

I am aware, having read the foregoing, that the liability of the Association is excluded by the terms of this waiver.

Please Check One:

Adult Resident: Adult Guest:

(Please Print all except signature)

Dated at Foothills County, in the Province of Alberta, this ____ day of _____, 20____

Municipal Address of Signee: _____

Name of Signee: _____ Date of Birth: _____

Phone Number of Signee: _____

Signature of Signee: _____

EMERGENCY NOTIFICATION (Alternate Contact):

Name of Contact: _____

Relationship to Signee: _____

Phone Number: _____