

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!**

This Waiver and Acknowledgement Form must be completed by a parent or guardian of the minor registering in the [redacted] program (the "Program").

TO: Oak Medical Education Foundation. ("OMEF")

FROM: [redacted] (the "Parent")

In consideration of OMEF organizing the Program and providing an opportunity for my child (the "Child"), whose name is _____, to have sparring with an enrolled high school student to work on selected subject or practice (the receipt and sufficiency of which is hereby acknowledged), [Name of Parent] hereby for myself, my Child, my heirs, executors, administrators and assigns, agrees as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against OMEF and all of its respective officers, shareholders, directors, employees, agents, sponsors, supporters, volunteers, insurers, subsidiaries, affiliates, associated corporations, successors and assigns (all of whom are hereinafter collectively referred to as the "Releasees") and **TO RELEASE THE RELEASEES** from any and all liabilities for any loss, damage, expense or injury, including, death that my Child may suffer as a result of their participation in the Program or any activity thereunder, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE ON THE PART OF THE RELEASEES, AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT MY CHILD FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN THE PROGRAM.

2. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liabilities, including legal costs, of the Releasees arising from any economic loss of, damage to property of, or personal injury to, any third party resulting from my Child's participation in the Program, except to the extent that such loss or damage is caused by the negligence or wrongful actions of the Releasees.

3. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable thereto.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND IS AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, OR MY CHILD, MY HEIRS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____.

Witness
Name:

Signature of Parent
Name: