



Release and Waiver Agreement (Page 1 of 2)

1. In this agreement,
 - a. **“Dream”** means the proposal to use funding provided by the Make A Dream Come True (Lions Society) for the following dream:

 - and includes any modification or replacement of that proposal, from time to time, as may be agreed to by MADCTLS.
 - b. **“MADCTLS”** means the Make A Dream Come True (Lions) Society incorporated under the *Societies Act* of Alberta.
 - c. **“Recipient”** means (Mr./Mrs.) _____ Whose address is

 - d. **“Caregiver”** means (Mr./Mrs.) _____ Whose address is

2. I acknowledge that the execution and delivery of this Release and Waiver is required as a condition precedent of MADCTLS providing any funding or assistance.
3. I acknowledge and agree that MADCTLS is entitled to refuse to provide any funding or assistance for the Dream or to discontinue such funding or assistance at any time.
4. I hereby release MADCTLS and its directors, officers, employees, contractors, volunteers and agents from any and all claims, demands, damages, actions, causes of action, costs and expenses arising from or in consequence of any and all losses, injury and/or damage to me or my property arising directly or indirectly from any involvement or participation I may have in connection with or arising from the Dream due to any cause whatsoever, including the negligence of MADCTLS, its directors, officers, employees, contractors, volunteers and agents. I agree that this includes, but is not restricted to the following:
 - a. the provision by or on behalf of MADCTLS of transportation, food, lodging and/or entertainment;
 - b. the delivery and/or installation of goods and/or equipment of any kind;

Recipient Initial _____



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- c. the provision of services of any kind; and
 - d. the provision of insurance.
5. I represent and warrant to MADCTLS that there is no medical or other reason that would preclude my involvement with or participation in the Dream.
6. This agreement is binding on my heirs, survivors, executors, administrators and assigns.

I have carefully read this Release and Waiver Agreement prior to signing it and acknowledge receiving a copy.

Signature of Recipient

Signature of Caregiver (if Applicable)

Name (please print)

Name (please print)

WITNESS:

WITNESS:

Signature

Signature

Name of Witness (please print)

Name of Witness (please print)

Date

Date

Recipient Initial _____