



## RELEASE OF LIABILITY

**NOTE: This release of liability is a legally binding document.**

**It is important that you read it carefully and understand it.**

**If you are unable to read this form, or have questions, please speak with Stacy LeBlanc, Director of Program Development.**

I, \_\_\_\_\_ (name of participant), attending and/or participating in the **Positive Leadership Development Institute – Core Leadership Training at Loon Lake in Maple Ridge, BC** from October 31 to November 3, 2019 do hereby for myself, my heirs, executors, administrators, successors, assigns and representatives, waive any and all claims which I may have against the **Pacific AIDS Network Society, the Ontario AIDS Network, and COCQ-SIDA**, the organizers and sponsors of the program, and their directors, officers, employees, contractors, agents and representatives, **and any volunteers** in any way connected with the program, including any instructor(s), facilitator(s) or counselor(s) (all of whom are hereinafter collectively referred to as “the Releasees”) and do hereby release the Releasees from any and all liability for any loss, damage or expense that I may sustain for any personal injury or property damage resulting from my attendance at the Core Training and/or my participation in the Positive Leadership Development Institute. *If for any reason I decide to not take part in the training, I agree to remain at Loon Lake Resort until the bus departs on June 16<sup>th</sup> and returns to Vancouver, BC. In this instance I am aware that I may still partake of meals provided at the Loon Lake facilities to those participating in PAN’s Positive Leadership Development Institute as well as remain in my assigned accommodation.*

**I confirm that I have read and understood this Release of Liability prior to signing it, and that by signing this Release of Liability I am waiving certain legal rights which I or my heirs, executors, administrators, successors, assigns and representatives may otherwise have had against the Releasees. I further confirm that I am over the age of nineteen (19) years.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**