



CONTRACTOR'S ASSUMPTION OF RISK AND WAIVER OF CLAIMS

I, _____
(Print name of contractor & company name)

Hereby requests permission of the owners(s) of:

Aspen Properties (SLP) GP Inc.

Located at: (the 'Building')

- 112 – 4th Ave SW, Calgary, AB T2P 0H3
- 140 – 4th Ave SW, Calgary, AB T2P 3N3
- 144 – 4th Ave SW, Calgary, AB T2P 3N4

Term: For the date (MM/DD/YY) of: _____
New waiver to be completed weekly

To enter upon its premises at the building for the purposes of:

I am aware that, while on the building premises, I may be exposed to **RISK OF BODILY INJURY, INCLUDING DEATH, and I ACCEPT SUCH RISK.**

In consideration of the owner's representative (Aspen Property Management Limited Partnership.) permitting me to enter the building for the purpose(s) above:

- (a) I hereby agree to adhere to applicable Occupational Health and Workers' Compensation regulations, and to use appropriate safety equipment to minimize the risk of bodily injury.
- (b) I hereby confirm that I am and/or my employer is duly registered with the applicable Occupational Health or Workers' Compensation authority.
- (c) I hereby agree that any compensation which I, my estate, or my legal representative(s) may have or hereby acquire, for or arising out of bodily injury to me, including death arising therefrom, occasioned during the time that I am on the building premises, shall be solely dealt with pursuant to the policies and directives of the applicable Occupational Health or Workers' Compensation authority.
- (d) In consequence of (c), above, I hereby waive any and all **CLAIMS** and **RIGHTS**, including causes of **LEGAL ACTION**, which I, my estate, or my legal representative(s) may have or hereby acquire against the owner(s) of the Building, its directors, servants and agents or any of them, outside of the applicable Occupational Health or Workers' Compensation legislative and regulatory framework, **AND I AGREE TO INDEMNIFY, RELEASE AND FOREVER DISCHARGE** the owner(s) of the Building, its directors, servants and agents or any of them, from and against any and all liability to any other person imposed upon them or any of them by reason of any such bodily injury or death so occasioned to me.

I, _____ **ACKNOWLEDGE** that I have read the
foregoing and fully understand its contents

Date (MM/DD/YY): _____

Signature of Contractor: _____

Approved by Aspen Staff Member: _____

Signature: _____

Dated: _____

Emergency Contact, when on site

Please provide an emergency contact number when on-site for Aspen to call in case of a fire alarm or building emergency

Phone number: _____

