



**CONTRACTORS ASSUMPTION OF RISK AND WAIVER OF CLAIMS**

I, \_\_\_\_\_  
(Print name of contractor & company name)

**Hereby requests permission of the owners(s) of:**

**The Ampersand**

**Located at:** (the 'Building')

- 112, 4<sup>th</sup> Avenue SW, Calgary, AB T2P 0H3
- 140, 4<sup>th</sup> Avenue SW, Calgary, AB T2P 3N3
- 144, 4<sup>th</sup> Avenue SW, Calgary, AB T2P 3N4

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

**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 Ltd.) 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.

*Signature page follows*





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

Dated:

Signature of Contractor:

Approved by Aspen Staff  
Member:

Signature:

Dated:

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### **Wind Weather Warning System**

How would you like to be notified?

Text Message  Email

Please provide relevant contact number/email contract information:

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