



# RIDGE MEADOWS HOSPITAL FOUNDATION

SUPPORTING THE BEST IN HEALTH

## Merchant Waiver Form

### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the rental of the Merchant Area  
at Fraser Health (Ridge Meadows Hospital).

I hereby agree as follows:

1. To waive any and all claims that I have or may have in the future against Fraser Health (Ridge Meadows Hospital or Ridge Meadows Hospital Foundation) and their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as “the Releasees”) and to release the Releasees from any and all liability for any loss, damage, injury or expense that I may suffer as a result of or arising out of any aspect of my use of the Merchant Area due to any cause whatsoever, including but not limited to negligence or theft; or in respect of the provision of or the failure to provide any warnings, directions, instructions or guidance as to the use of the Merchant Area.
2. To hold harmless and indemnify the Releasees from any and all liability for any loss, damage, injury or expense to any third party, resulting from the use of the Merchant Area.
3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

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

\_\_\_\_\_  
Signature of Merchant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone