FOUNTANA HOTELS LP DBA PACIFIC INN HOTEL AND CONFERENCE CENTER: PARTICIPATION, WAIVER & RELEASE OF LIABILITY

THIS PARTICIPATION, WAIVER & RELEASE OF LIABILITY FORM (this "Agreement") dated this _____ day of _____, _____

BETWEEN

_____ (the "Participant")

AND

Fountana Group of Suite R400 – 3820 Cessna Drive, Richmond BC V7B 0A2, DBA Pacific Inn Hotel and Conference Center at 1160 King George Boulevard, Surrey, BC V4A 4Z1 (the "Company")

Acknowledgement and Assumption of Risk:

I am aware of the dangers and the risks to my person and property involved while participating in: Paranormal and Studio Hotel Tour at Pacific Inn Hotel and Conference Center.

I understand that this activity involves certain risks for physical injury. I understand that personal protective/sanitary equipment, if any, which may be provided for my protection may be inadequate to prevent serious injury or transmission of a virus. I also understand that there are potential risks of which I may not presently be aware.

Nevertheless, **I voluntarily elect to participate in this activity/class with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. I understand that there are no first aid services on site.**

The Company does not insure participants in the above-described activity and participants who want to be covered must obtain their own insurance. The Company asserts lack of responsibility or liability for injury resulting from this activity.

Waiver of Liability and Indemnification

In consideration for being allowed to voluntarily participate in the above-referenced activity and or intramural event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

a. waive, release, and discharge the Company, its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages,

property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced activity or event; and

b. defend, indemnify, and hold harmless the Company, its agencies, officers and employees, from any and all claims of any nature, including all costs, expenses, and attorney's fees, which may in any manner result from or arise out of this agreement, except for claims resulting from or arising out of the Company's sole negligence.

Fitness to Participate

The Participant acknowledges that the Participant does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent the Participant from participating in the above mentioned activity. If required, the Participant will obtain a medical examination and clearance.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Read Before Signing

Name	Phone Number
Signature	Date
Witness Name	
Signature:	Date
Emergency Contact (Name)	Emergency Contact Phone Number