



LIABILITY WAIVER FORM

Must be returned within 30 days of receipt

Please complete this form, print it and have it signed and dated, and then submit with your application.

| Officer to complete | |
|---------------------|-------|
| Group: | _____ |
| Activity: | _____ |
| Fiscal year: | _____ |
| File Number: | _____ |
| Amount approved: | _____ |

1. Activity will take place between _____ and _____.

2. Liability Waiver for Grants Recipients

HER MAJESTY THE QUEEN IN RIGHT OF CANADA and the Minister of Canadian Heritage and their employees or agents shall not be held liable for any injury, including death to any person or for any loss or damage to property of the recipient of the grant or for any obligation of the recipient or anyone else, incurred or suffered by the recipient or its employees, agents or voluntary workers in carrying out the event funded through the grant, unless such injury, loss or damage is caused by the negligence of HER MAJESTY or the Minister and their employees or agents.

Names and signatures

| | |
|--------------------------------------|-------------------------|
| _____ | _____ |
| Printed name of authorized signatory | Printed name of witness |
| _____ | _____ |
| Signature of authorized signatory | Signature of witness |
| _____ | _____ |
| Date : (YYYY-MM-DD) | Date : (YYYY-MM-DD) |