

**Welland Hospital Foundation
Welland, Ontario**

R E L E A S E

I/We, the undersigned third party event representative, hereby agree to RELEASE, INDEMNIFY and SAVE HARMLESS Welland Hospital Foundation (“WHF”) and Niagara Health System - Welland Hospital Site (“WHS”) from all manner of liabilities, debts, fines, suits, claims, thefts, damages to property and person, demands and actions and causes of action, of any nature or kind for which the third party event, WHF or WHS may be held liable relating, in any way, including without limitation, any breach or violation, negligence, unlawful act or acts of the third party event, WHF or WHS or their respective agents, servants invitees and against all costs, counsel fees, expenses and liabilities incurred by WHF or WHS in any such suit, claim, theft, damage to property or person, demand, action or proceeding.

Third Party Event Organization Name (in full): _____

Signature, Title (Third party event representative)
I/We have authority to bind the corporation.

Date

Third party event representative (printed name)

Signature - Welland Hospital Foundation Approval
I/We have authority to bind the corporation.

Date