



CYPRESS COUNTY

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**WAIVER AND RELEASE OF LIABILITY
FOR UNLOADING OF WASTE IN CYPRESS COUNTY TRANSFER SITES WITH SAFETY GATES OPENED
PLEASE READ THIS CAREFULLY.
BY SIGNING THIS LEGAL DOCUMENT,
YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

Owner's Name: _____

Mailing Address: _____

Legal Address: _____

Phone Number: _____

Email Address: _____

I hereby release from all liability and agree not to sue Cypress County and its Staff, Contractors and Agents (hereinafter referred to as the "County") from any claim, demand or cause of action for personal injury, death, property damage or other loss or damage resulting from or in any way connected with entering into the Cypress County Transfer Sites and requesting the safety gates be opened for unloading waste, regardless of whether such personal injury, death, property damage or other loss or damage was caused or contributed to by the negligence of the County or any other person.

I acknowledge there are risks involved in entering the Cypress County Transfer Sites and requesting the safety gates be opened to facilitate the unloading of waste. These include but are not limited to personal injury, death, property damage or other loss. I understand that the choice to enter the Cypress County Transfer Sites and requesting the safety gates be opened for me, for the purpose of unloading waste, brings with it the assumption of those risks and I accept responsibility for my participation, including the possibility of personal injury, death, property damage or other loss. I agree that I am entering the Cypress County Transfer Sites and requesting the safety gates be opened to facilitate my unloading of waste voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries or property damage while engaging in this activity. I agree to obey all posted safety precautions and as explained to me orally and I will ask for clarification when needed. Pursuant to the Cypress County Waste Bylaw I understand that the waste accepted in its Transfer Sites was produced or transported within the boundaries of the County.

I confirm that I am of the full age of 18 years, that I have had sufficient time to read and understand what I am agreeing to before signing, that I have had the opportunity to seek independent legal advice, and I understand that this Waiver and Release will be binding upon my heirs, next of kin, executors, administrators, and successors. I agree that this Waiver and Release will be governed by and interpreted in accordance with the laws of the Province of Alberta, and I irrevocably agree that the court of the Province of Alberta has exclusive jurisdiction regarding this Waiver and Release.

I, _____, fully understand and agree to the above terms.
(Print Name)

(Signature)

(Date)

(Witness)

(Date)

The personal information collected through the Transfer Site Waiver and Release of Liability form is for the purpose of administering Cypress County's Waste collection. This collection is authorized by section 4(1)(a),(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the ATI Coordinator at legislativeservices@cypress.ab.ca or (403) 526-2888.