

**SURREY POLICE SERVICE**  
**RELEASE OF LIABILITY AND WAIVER OF CLAIMS**

**\*\*PLEASE READ CAREFULLY\*\***

WE WANT YOUR PARTICIPATION IN THIS "INTRODUCTION TO POLICING WORKSHOP FOR WOMEN" TO BE A SAFE AND ENJOYABLE EXPERIENCE. HOWEVER, ANY SUCH ACTIVITY INVOLVES RISK. THIS AGREEMENT MUST BE COMPLETED, SIGNED, AND DATED BY YOU THE PARTICIPANT AND A WITNESS. THIS AGREEMENT MUST BE SIGNED BY AN SPS POLICE OFFICER PRIOR TO PARTICIPATION AFTER CONFIRMING YOUR IDENTIFICATION.

**ASSUMPTION OF RISKS:** I, \_\_\_\_\_ will be participating in Surrey Police Service's ("SPS") Introduction to Policing Workshop for Women and:

- a) voluntarily assume all risks and dangers arising from my participation in the Workshop including personal safety training and other Workshop risks not identified beforehand; and,
- b) recognize and accept the possibility of injury, death, property damage or loss, resulting from my or others' participation in the Workshop.

**RELEASE OF LIABILITY, WAIVER AND INDEMNITY:** In consideration for SPS accepting me as a participant in the Workshop, I agree:

1. **TO OBEY ALL COMMANDS AND DIRECTIONS** to me and other participants during my attendance at the Introduction to Policing Workshop for Women.
2. **TO WAIVE ANY AND ALL CLAIMS** that I may have in the future against the City of Surrey, SPS, and the Surrey Police Board and their respective officials, officers, employees, trainers, and representatives (collectively, the "**SPS Releasees**") in connection with my participation in the Workshop.
3. **TO RELEASE** the SPS Releasees from any and all liability for any loss, damage, expense, injury, or death that I may suffer, incur or experience in connection with my participation in the Workshop for negligence of any SPS Releasee. I do voluntarily accept and solely assume all risks of damage, theft and/or injury incurred or suffered: (a) while participating in SPS activities; (b) while observing others participate; and (c) while at the locations, or on or upon the premises, or travelling between the same, as arranged for the SPS event.

I understand that the nature of the day can be hazardous and risky. I understand that there are risks of bodily injury, death or property damage that may occur during or as a result of participation in activities, including the martial arts demonstration and lesson. I agree to assume all these risks and consent to participating in these activities. These risks include, but are not limited to, those hazards associated with other participants, volunteers, instructors, equipment, my health condition(s), and others not known to me.

4. **TO HOLD HARMLESS AND INDEMNIFY** the SPS Releasees from any and all claims, demands, actions, expenses, and liabilities for causing any damage to the property of, or personal injury to, or death of any third party in connection with my participation in the Workshop.



# SURREY POLICE SERVICE

I waive, release, discharge and agree not to sue the **SPS Releasees** for any claim, damages, costs including lawyer's fees, or cause of action which I may have in the future as a result of damages, injuries, including death, sustained or incurred by from whatever cause including, but not limited to, my conduct and/or the negligence or wrongful conduct of the **SPS Releasees**.

Further, I agree that in consideration for my participation in the "Introduction to Policing Workshop for Women", I agree that if any portion of this Release of Liability and Waiver of Claims is determined by a Court of law to be invalid, that the remainder will continue in full force and effect. I further agree that the contents of this Release of Liability and Waiver of Claims shall be construed to provide the broadest waiver, release, indemnification, and consent possible.

I acknowledge that I have read and understood this Release of Liability and Waiver of Claims and agree to abide by each provision in it.

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|------------------|-----------------------|-------------|
| Participant Name | Participant Signature | Date Signed |
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| Witness Name | Witness Signature | Date Signed |
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| SPS Officer Name | SPS Officer Signature | Date Signed |
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