



ARCANE ACADEMY

RELEASE OF LIABILITY WAIVER AND ASSUMPTION OF RISK

I _____ desire to participate in the training, provided by Arcane Defense conducted on _____ at the Cornwall Handgun Club. As lawful consideration for being permitted by Arcane Defense to participate in the Training, I agree to all the terms and conditions set forth in this Release of Liability and Waiver and Assumption of Risk ("Agreement").

I am aware and understand that the activities conducted at the training can be dangerous and may pose the risk of serious injury, death, and property damage. Also, I am aware of the contagious nature of the coronavirus disease (covid-19) and the risk that I may be exposed to or contract the disease by participating in the training. notwithstanding the risks associated with the training, I acknowledge that I am knowingly and voluntarily participating in the training with an express understanding of the danger involved. I agree to accept and assume any and all risks of injury, death, and property damage, that is caused by or may result from the negligence of Arcane Defense or any other participant to the fullest extent permitted by law.

By signing below, I expressly waive and release any and all claims, now known or hereafter known, against ARCANE DEFENSE, and its officers, directors, employees, agents, affiliates, successors, and assigns (collectively, "Releasees"), for any injury, illness, disability death, or property damage arising out of my participation in the Training, whether arising out of the negligence of ARCANE DEFENSE, any Releasees, or any other participants, to the fullest extent permitted by law. I promise not to make or bring any such claim against ARCANE DEFENSE or any of the Releasees, and forever release and discharge ARCANE DEFENSE and the Releasees from liability under such claims.

This Agreement constitutes the sole and entire agreement between ARCANE DEFENSE and me with respect to the subject matter. This Agreement is binding on and shall inure to the benefit of ARCANE DEFENSE, its successors and assigns, and me and my heirs, beneficiaries, and personal representatives. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with Canadian Law without giving effect to any choice or conflict of law provision or rule (whether of the Province of Ontario or any other jurisdiction).

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING THE RIGHT TO SUE ARCANE DEFENSE.

Signed:

Printed Name of Participant:

Address: _____

City: _____

Province/State: _____ Postal Code/Zip Code: _____

Country : _____

Date: _____