



www.cleaningforcancerpatients.ca

Cleaning for Cancer Patients

Patient Release of Liability

In consideration of the opportunity to participate in CLEANING FOR CANCER PATIENTS' free home cleaning program for cancer patients, I, and my heirs, successors and assigns, hereby agree and represent as follows:

I am 19 years of age or older and I am legally competent to enter into this binding legal contract. I understand that participation in CLEANING FOR CANCER PATIENTS' home cleaning program is strictly voluntary and I freely choose to participate.

I understand that CLEANING FOR CANCER PATIENTS makes no warranty, express or implied, as to the quality of the cleaning services provided by its partners and volunteers under this program.

I understand that the employees providing cleaning services in my home are employed by or compensated by A-1 Superior Home Cleaning. All employees of A-1 Superior Home Cleaning or Cleaning for Cancer Patients, are insured and bonded.

I agree to release and covenant not to sue A-1 Superior Home Cleaning or Cleaning for Cancer Patients, its officers, employees, agents, successors and assigns from any and all liability, claims, demands, losses or damages on my account that are caused or alleged to be caused in whole or in part by the negligence, directly or vicariously, of A-1 Superior Home Cleaning or Cleaning For Cancer Patients, its officers, employees, agents, successors and assigns.

I understand that Cleaning For Cancer Patients does not provide any insurance coverage, property, liability or medical, for me.

I understand that any interpretation of this release shall be governed by the laws of the Province of Ontario without regard to the choice of law conventions of the forum province.

I have completely read and understood this Patient Release of Liability. I am submitting this release and waiver of liability voluntarily and of my own free will. I agree to be bound by the terms of it. I also understand that I will be provided at no charge with four free home cleanings (one per month). If I wish to continue on a bi-weekly or monthly service, there would be a reduced rate given to me.

Patient's Signature: _____

Printed Name: _____

Date: _____

Fax or mail to:

Cleaning For Cancer Patients,
c/o A-1 Superior Home Cleaning,
2289 Fairview Street, Suite 320,
Burlington, ON
L7R 2E3

Fax: 905-633-7791