



08/03/2021

WAIVER, RELEASE, AND INDEMNITY

I, _____, understand that Open Arms Patient Advocacy Society, including any of its Officers, Agents, Volunteers, Directors or Employees are not acting as legal or medical professionals.

I understand that any advice given from any Open Arms Patient Advocacy Society Officer, Agent, Volunteer, Director or Employee is based only on experience dealing with other clients.

On behalf of myself and my Executors, Administrators, Heirs, next of Kin, Successors, and Assigns, I, _____, hereby waive, release, and indemnify Open Arms Patient Advocacy Society, its Officers, Agents, Volunteers, Directors or Employees from any and all liabilities and claims.

I have read and understood this Waiver, Release, and Indemnity. I am aware that by signing this agreement, I am waiving my legal rights (on my behalf and on behalf of my Executors, Administrators, Heirs, Next of Kin, Successors and Assigns) including giving up of my rights to sue Open Arms Patient Advocacy Society or any of its Officers, Agents, Volunteers, Directors or Employees.

I, _____, hereby acknowledge that I have signed this Waiver, Release, and Indemnity freely, voluntarily, and without duress and that I have been provided an opportunity to obtain independent legal advice.

_____ Date _____ Print Name _____
(Signature of client)

Address of Client:

Open Arms Patient Advocacy Society

PO Box 16075, RPO
Lower Mount Royal,
Calgary, Alberta T2T 1A0

P. 1-844-548-2747
F. 403-548-3343
E. advocacy@openarmsadvocacy.com
W. www.openarmsadvocacy.com