

TOWN OF WESTVILLE



TELEPHONE (902) 396-1500
FAX NUMBER (902) 396-3986

2042 QUEEN STREET
P. O. BOX 923
WESTVILLE, N. S.
B0K 2A0

INSURANCE WAIVER

1. In consideration of the permission to use the _____ by
(FACILITY NAME)

the _____, the said _____,
(NAME OF ORGANIZATION) (NAME OF ORGANIZATION)

hereby releases and forever discharges the Corporation of the Town of Westville, its employees and agents, of and from all claims, demands, damages, actions or causes of action, arising or to arise by reason of the use of the said from all claims or demands whatsoever in law or in equity which the users and participants in the said activities carried out in the _____.
(NAME OF FACILITY)

The _____ shall ensure the _____
(NAME OF ORGANIZATION) (ACTIVITY))

will be properly monitored and supervised so as to ensure all proper safety measures, applicable to the said activity, are in place and strictly adhered to.

2. _____ agrees to provide the Town of Westville with
(NAME OF ORGANIZATION)

copies of the following:

Proof of Insurance with the Town named as Co-Insured _____

Amount of Liability Coverage \$ _____