



VISITOR'S ASSUMPTION OF RISK AND WAIVER OF CLAIMS

I,		
	(Name – printed letters)	
Hereby request permission of the owner(s)	Sun Life Building	
	(the « building »)	
Located at :	1155, rue Metcalfe, Montréal, Qc	
	(address, city, province)	
To enter upon its premises at the building for the purposes of:		

I am aware that, while on the Building premises, I may be exposed to **RISK OF BODILY INJURY**, including **DEATH**, and **I ACCEPT SUCH RISK**.

In consideration of the owner's representative (Bentall LP) permitting me to enter the Building for the above purpose:

- a) I hereby agree to adhere to applicable occupational health and workers' compensation regulations, and to use appropriate safety equipment to minimize the risk of bodily injury, and
- b) I hereby confirm that I am and/or my employer is duly registered with the applicable occupational health or workers' compensation authority; and
- c) I hereby agree that any compensation which I, my state or my legal representative(s) may have or hereby acquire, for or arising out of bodily injury to me, including death arising there from, occasioned during the time that I am on the Building premises, shall be solely dealt with pursuant to the policies and directives of the applicable occupational health or workers' compensation authority; and
- d) In consequence of (c) above, I hereby waive any and all CLAIMS and RIGHTS, including causes of LEGAL ACTION, which I, my estate or my legal representative(s) may have or hereby acquire against the owner(s) or the Building, its directors, servants and agents or any of them, outside of the applicable occupational health or workers' compensation legislative and regulatory framework, AND I AGREE TO IDEMNIFY the owner(s) of the Building, its directors, servants and agents or any of them, from and against any and all liability to any other person imposed upon them or any of them by reason of any such bodily injury or death so occasioned to me.

I ACKNOWLEDGE that I have read the foregoing and fully understand its contents.

Date:	
Signature of visitor :	