



GENERAL ACCESS/ROOF ACCESS

VISITOR'S ASSUMPTION OF RISK & WAIVER OF CLAIMS

I, _____
(First Name, Middle Initial, Last Name)

hereby request permission of the owner(s) of:

Palliser Square Properties Ltd. / Calgary Tower Facilities Ltd.

located at:

**125 – 9th Avenue SE / 140 – 10th Ave SE / 115 – 9th Ave SE / 131 – 9th Ave SW /
101 – 9th Avenue SW**

To enter upon its premises at the building for the purpose 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 RISKS**.

In consideration to the owner's representative (Aspen Property Management Ltd.) permitting me to enter the building for the above purpose:

- a) I hereby agree to adhere to all applicable occupational health and workers' compensation regulations and to use appropriate safety equipment to minimize the risk of bodily injury.
- b) I hereby confirm that I am/or my employer is duly registered with the applicable occupational health or workers' compensation authority.
- c) I hereby agree that any compensation which I, my estate 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.
- d) In consequence of the above(c), 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) of 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 INDEMNIFY** the owner(s) of the Building, its directors, servants and agents or any of them, from and against any liability to any person imposed upon them or any of them by reason of any such bodily injury pr death occasioned to me.

Company Name: _____

Signature of Visitor: _____ Date: _____

Signature of Witness: _____ Date: _____

- Access Granted
- Access Denied

Building Representative: _____