



RELEASE FORM

In consideration for services provided to me by Mohawk College of Applied Arts and Technology (the College), and in particular relating to my activities in the Multi-Sensory Room/Community Room (A119), I hereby release the College from any and all claims which I may have or may hereafter have against the College for damages resulting from personal injury, losses or expenses of any kind, including damages to property arising out of or in any way related to my use of the Multi-Sensory room at Mohawk College, except for damages caused by the negligence of the College.

In particular, I have been advised of the risks involved in the use of the Multi-Sensory room and I hereby release the College from any liability for any damages to me or my property resulting from my involvement in the use of the Multi-Sensory room, except where the damages are caused by the negligence of the College.

I acknowledge that I have read this Release and fully understand it.

This Release shall be binding upon me and my heirs, executors and administrators.

Support Worker's Name

Date

Signature of Support Worker

Signature of Witness

**Signature of Parent/Guardian
(on behalf of client)**

Signature of Witness