

Social Outing Consent and Waiver Limiting Liability

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

As part of my treatment and therapy, I wish to go out on social outings in the community with my social worker. My planned outings include:

I understand that participating in these social outings is voluntary. I get to choose if I go. I can say no if I don't want to go.

I understand that these social outings may involve physical activity and social interaction. And I understand there are normal every-day risks in being out in public.

I agree to follow any rules set out by the social worker about the social outings. I also understand that these outings are part of my clinical treatment and therapy.

I am aware of and assume all risks associated with going on these social outings.

I accept that there is value in me being escorted on these social outings. And as part of my choice in participating, I, for myself my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the South East Toronto Family Health Team, my social worker, my physician and any other employees and agents of the South East Toronto Family Health Team **OF AND FROM ALL** claims, debts, demands, damages, liabilities, costs, expenses, actions and causes of action of any kind or nature, whether in law or equity or otherwise that may arise out of or in any way relate to these social outings or my participation in the social outings in respect of death, injury, loss or damage to my person or property **HOWEVER CAUSED**, whether prior to, during or subsequent to the social outing, **AND EVEN IF** that same may have been contributed to, or occasioned by, the negligence of the South East Toronto Family Health Team or anyone else mentioned above.

I have carefully read this Consent and Waiver Limiting Liability and fully understand its contents. I am aware that this is a release of liability and a binding contract between me and the persons and entities mentioned above and I sign it of my own free will. **I understand that I am giving up substantial rights, including my right to sue.** I am signing this Consent and Waiver of Liability voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Print Name: _____

Signature: _____

Date: _____