



By JASHAMY INC.

CONTRACTORS & VISITOR’S ASSUMPTION OF RISK AND WAIVER OF CLAIMS

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| I, (Name , please print) | Tel# |
| Company : | |
| Hereby request permission of the owner(s) of : JASHAMY INC. O/A INTERIOR SOLUTIONS | |
| Location at : 2895 ARGENTIA RD. #6 -MISSISSAUGA , ON L5N 8G6 | |
| To enter upon it’s premises at the building for the purposes of : | |
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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 Limited partnership) and the lessee (tenant) (Jashamy Inc. O/A interior solutions) permitting me to enter the building for the above purpose.

- (a) I hereby agree to adhere to applicable occupational health and workers’ compensation regulation, 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 may estate or may legal representative(s) may have or hereby acquire for or arising out of bodily injury to me, including death arising therefrom, occasioned during the time 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) of the building and the lessee (tenant) ,it’s 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 foraging and fully understand it’s contents.

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| Dated: | |
| Signature of the visitor: | |
| Dated: | |
| Signature of the owner’s or the Lessee representative | |