



## Defibrillator (AED) Loan Request

Primary Contact Name:

Note: This person will be responsible for receiving the required training in advance of the event and will be responsible for the AED unit while on loan.

Address:

City:

Postal Code:

Phone:

Email:

Secondary Contact Name:

Secondary Contact Phone:

Please request the dates you would like to check out and return the AED unit. Check out and returns are ONLY available Monday to Friday between 9 a.m. and 4 p.m.

Requested Check Out Date:

Requested Return Date:

Event Name:

Event Date (mm/ dd/ yyyy):

Event Location:

Event Start Time:

Event End Time:

Does the venue have an AED on site?

Yes

No

Where at the venue will the loaned AED be kept during your event?

Estimated attendance:

What type of event is the AED for?

community

school/church

sport/athletic company event

other (please specify):

Have you received an AED on loan from City of Greater Sudbury Paramedic Service before?

## RELEASE

### PARTICIPATION IN THE PUBLIC ACCESS DEFIBRILLATOR LOAN PROGRAM (INCLUDING BORROWING AN AUTOMATIC EXTERNAL DEFIBRILLATOR)

City of Greater Sudbury Paramedic Service

In consideration of City of Greater Sudbury permitting me to participate in the Public Access Defibrillator ("AED") Loan Program (the "Program"), and to borrow an AED, I, for myself, my heirs, executors, administrators, representatives, successors, and assigns, hereby:

(a) Release and discharge the City of Greater Sudbury and its members of Council, directors, officers, employees, servants, agents and contractors (collectively the "Protected Persons") from all claims, demands, actions, causes of action, suits and proceedings, whether involving negligence, actions or omissions, or any other basis (collectively the "Recourses") for all liabilities, losses, damages (including property damages), injuries (including personal injuries, bodily injuries and death), costs (including legal costs) and expenses, including all effects and consequences thereof, and including all that are not now known or anticipated but which may arise in the future (collectively the "Harms"), relating in any way to my participation in the Program;

(b) Indemnify The City of Greater Sudbury and the Protected Persons against all Recourses by whomsoever made, brought, sustained or prosecuted, for the Harms, relating in any way to my participation in the Program, including my alleged acts or omissions.

(c) Acknowledge that, for the purpose of making my promise to indemnify the City of Greater Sudbury's Protected Persons enforceable, the City of Greater Sudbury is acting as the agent and trustee for its Protected Persons.

(d) Acknowledge that I have received training on, and understand, the proper application and use of the borrowed AED;

(e) Agree, at the City of Greater Sudbury's election, either to assume the defense of every Recourse brought in respect of a Harm, or to cooperate with the City of Greater Sudbury in the defense, including providing the City of Greater Sudbury with prompt written notice of any possible Harm and providing the City of Greater Sudbury with all information and material relevant to the possible Harm.

(f) Agree to use the AED solely for life saving;

(g) Agree not to remove the AED from its sealed protective case unless it is required for life saving.

(h) Waive all rights that I may have against The City of Greater Sudbury and the Protected Persons in respect of all Recourses for the Harms, relating in any way to my participation in the Program.

(i) Agree not to make, bring, sustain or prosecute any Recourse for any of the Harms, against any other person who might claim contribution or indemnification from The City of Greater Sudbury or any of the Protected Persons, relating in any way to my participation in the Program; and (j) Agree that this Release will survive the termination of my participation in the Program. I HAVE READ THE ABOVE, UNDERSTAND IT AND AGREE TO IT.

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(Signature of individual participating in the Program)

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(Print Name)

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(Signature of City of Greater Sudbury)

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(Print Name)