



CanAssist

Project Request Form

Date: _____

First Name: _____ Last Name: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

Address: _____ City: _____

State/Prov: _____ Postal/ZIP code: _____

Age: _____ Nature of Disability: _____

Have you ever made a project request to CanAssist before? Yes No

How did you find out about CanAssist? _____

Please clearly describe your assistive technology request below and attach any necessary documents/photos to this form:

Have you looked for a commercial solution? Yes No

We reserve the right to use your devices, and any photographs of your device to promote or fund raise for CanAssist. Can we use photographs of you for these purposes? Yes No

*Thank you for filling out this form.
The CanAssist team will review this request and get in touch with you shortly.*



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CanAssist Policy

CanAssist is a non-for-profit organization and there is no cost to clients for services rendered. The client understands that the CanAssist team considers all requests that are submitted to CanAssist. CanAssist reserves the right to decline any project requests.

Please read and sign the following Exclusion of Liability, No Action and Indemnity clauses. By signing below, you will waive certain legal rights including the right to sue. Please read carefully.

In consideration of the services to be provided to me by CanAssist and or its members, directors, volunteers, officers, agents, representatives, employees and assigns (collectivity, the "Releasees"), I hereby agree as follows:

1. **EXCLUSION OF LIABILITY** – not to hold the Releasees, or any of them, liable for any losses, damages or injuries that I may suffer, whether to person or property, howsoever caused, including negligence, breach of contract and breach or any statutory duty or other duty of care, on the part of the Releasees, or any of them;
2. **NO ACTION** – not to bring any action, proceeding, or claims against the Releasees, or any of them, for any losses, damages or injuries that I may suffer, whether to person or property;
3. **INDEMNITY** – to indemnify and hold harmless the Releasees and each of them, from and against all claims, actions, costs, expenses and demands brought by any person in respect of death, injury, loss or damage, whether to person or property, resulting directly or indirectly from my participation with the Releasees and their projects and services.

I have read and understood this agreement and am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.

NOTE: a parent or guardian and/or a trustee committee, or other legal representative must also read this form and sign below if the client is under the age of 19 years and/or has a legal representative (ie. trustee, committee) appointed on his or her behalf.

Date _____ Applicant Signature _____

Date _____ Witness Signature _____

Date _____ Parent/Guardian/
Trustee/Committee Signature _____

Date _____ Other Legal Representative _____