

WAIVER/INDEMNIFICATION/ INSURANCE CERTIFICATION

_____ (VENDOR COMPANY) (herein referred to as the Vendor), shall act solely as a vendor in providing services for Canada’s Wonderland, a Division of Cedar Fair Entertainment Company. (CW), and nothing herein shall at any time be construed to create the relationship of employer and employee, principal and agent, partners, or joint ventures between CW and the Vendor, or CW’s and the Vendor’s officers, directors, employees or agents, and as such, the Vendor including its employees, are not eligible for benefits from the Workers’ Compensation Board as an Associate of CW.

The Vendor hereby acknowledges that it is solely responsible for the provision / arrangement of appropriate Public Liability and Property Damage Insurance Coverage and must provide proof of said Insurance to CW and CW shall be named as additional insured on all such insurance. The Vendor must also comply will all pertinent local ordinances and demonstrate compliance with York Region’s Public Health Department (if applicable to services rendered). All loss due to any injury, illness, and or accident, which may occur (including to employees of the Vendor) while performing a service on CW’s property, shall be the sole responsibility of the Vendor.

Failure to provide proof to CW (if requested) of a Workers’ Compensation Board “Clearance Certificate” and copies of applicable Insurance certificates may result in dismissal.

The Vendor, for itself, its heirs, successors, executors, administrators, assigns, and or any person claiming through or under it, does hereby agree to hold harmless and indemnify CW, its heirs, executors, administrators, successors, officers, agents, directors, employees, servants, insurers, from and against any and all actions, duties, claims, damages, or liabilities whatsoever arising out of work or services performed by the Vendor at CW, including, without limitation, claims brought by the Vendor’s employees.

I _____ (Vendor owner/operator) fully agree to all of the rules set forth by Canada’s Wonderland and the York Region Health Board and will notify each member of their agents/employees representing the company on site as per the above rules and regulations.

Signature

Print Name

Position

Company Name

Date

Contact Number