

# BLANKET WAIVER

I the undersigned resident of Suite No. \_\_\_\_\_ of Ellipse I authorize Paladin Security Group Ltd. Staff to accept the following on my behalf:

- REGISTERED MAIL
- COURIER DELIVERIES
- PARCELS
- OTHER (specify) \_\_\_\_\_

I am aware that security staff will not accept any perishable items (flowers, food, gift baskets etc.) unless specified above. I am also aware that the acceptance of any item is contingent on the availability of secure storage space at the time of delivery. I understand and agree that Paladin Security Group Ltd. staff, building Management and the Corporation shall not be liable for any claims concerning or arising out of any missing, damaged or lost items.

**"I HEREBY IRREVOCABLY RELEASE GARDA SECURITY INC., THEIR RESPECTIVE EMPLOYEES, OFFICERS, SERVANTS AND AGENTS, ELLIPSE I MANAGEMENT AND CORPORATION FROM ANY AND ALL LIABILITY AND CLAIMS HOWSOEVER ARISING FROM THEIR TEMPORARY CUSTODY OF ANY SUCH WRITTEN COMMUNICATION OR PARCELS RECEIVED BY THEM ON MY BEHALF, WHOSOEVER CAUSED."**

Resident's Name \_\_\_\_\_

Any other alias name(s) used by Residents \_\_\_\_\_

List of all other occupants in the suite with authorized resident:

Name \_\_\_\_\_ other alias name \_\_\_\_\_

Name \_\_\_\_\_ other alias name \_\_\_\_\_

Name \_\_\_\_\_ other alias name \_\_\_\_\_

Name \_\_\_\_\_ other alias name \_\_\_\_\_

Name \_\_\_\_\_ other alias name \_\_\_\_\_

Name of Others Authorized to Pick Up on My Behalf: (Photo ID is required)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Note. This authorization contains a clause limiting the liability of the Security Staff, Building Management and Corporation.**