

PLEASE READ CAREFULLY BEFORE CONSIDERING YOUR INVOLVEMENT OR PARTICIPATION

Full Legal Company Name

address
Pickle Lake Ontario, CANADA
P0V 3A0

Phone number

[Website and email address](#)

WAIVER OF LIABILITY AND CONSENT TO ASSUME RISK

1. I acknowledge that the services supported by **COMPANY NAME**, is filled with inherent risks which are beyond the controls of **COMPANY NAME**, including exposure to illness including contraction of Covid-19. By participating, I accept these risks.

2. In consideration of **COMPANY NAME**, permitting my participation in the foresaid trip, I _____ for myself, my heirs, executors, administrators, and assigns release **COMPANY NAME**, it's respective partners, officers directors, volunteers, shareholders, servants, agents, and/or employees from any claims, demands, damages, actions, or causes of actions arising out of, or in consequence of any loss, injury, illness or damage to my person or property incurred during the time of my involvement with **COMPANY NAME**, including but not limited to any such loss or damage which may have arisen by reason of negligence of **COMPANY NAME** its partners, servants, agents, or employees. Without limiting the generality of the forgoing, I further release any recourse which I may now or hereafter have in resulting from any decision, action are in action of **COMPANY NAME**.

I confirm that I have read and understand paragraph 2. _____ Initial Here

3. I further acknowledge that if any of the **COMPANY NAME**, employees, volunteers, or partners judges me unfit to participate in the programs of **COMPANY NAME** due to intoxication, illness or any other reason, my participation in the foresaid program will be cancelled with no refund.

4. I acknowledge that I have read and understood the above, am competent to sign this **WAIVER OF LIABILITY AND CONSENT TO ASSUME RISK** and fully understand the nature and consequences of granting my consent and waiving any and all claims for liability of damages against that above mentioned parties.

5. I confirm and acknowledge that I have accurately presented information to **COMPANY NAME** regarding my health, experience, ability and skill level. I confirm and acknowledge that **COMPANY NAME** is relying upon the accuracy of this information and has no way of; nor are they expected to; nor will they be able to test or confirm the accuracy of said information. I fully indemnify and save harmless from any liability whatsoever both on my own behalf of my heirs, estate trustees successors and assigns, **COMPANY NAME**, its partners, officers, directors, shareholders, servants, agents, volunteers, and/or employees from any liability which may arise as a result of the information I have provided whether or not such information is accurate, misleading or inaccurate.

6. For the value received I hereby consent that the photographs taken of me by **COMPANY NAME** may be used in whole or in part by **COMPANY NAME** for the purpose of advertising or publication in any matter.

7. I acknowledge I have reviewed this document in advance of my decision to participate and I have obtained clarification regarding the meaning and interpretation of this agreement to my complete satisfaction.

8. This release shall be binding upon the heirs, estate trustees, successors and assigns of the undersigned.

SIGNED THIS _____ DAY OF _____, 20 _____

PRINT NAME _____ SIGNATURE _____

Signature of parent or guardian if participant under 18 years old _____

WITNESS _____

EMERGENCY CONTACT TELEPHONE NUMBER _____

SAMPLE ONLY