## ARMSTRONG/SPALLUMCHEEN TRAILS SOCIETY



# TRAIL WORK - VOLUNTEER WAIVER

# AGREEMENT CONCERNING RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OR RISK AND INDEMNIFICATION

WARNING: This document will affect your legal rights and liabilities. By signing this document you give up your right to sue and to recover compensation for any injury (to person or property) or death arising out of the activity named in this agreement.

#### \*\*PLEASE READ CAREFULLY\*\*

	ACTIVITY:
	(the "Activity")
TO:	Armstrong/Spallumcheen Trail Society
	(the "Organization")

I am aware that the Activity provided by the Organization involves many inherent risks, dangers, and hazards, including, but not limited to, drowning, soft tissue and fracture injuries, impact with foreign objects, sunburn, heat stroke, other exposure related injuries, wild animals and severe weather conditions. I freely accept and fully assume all such risks, dangers, and hazards, and the possibility of personal injury, death, property damage or loss resulting from such risks, dangers and hazards.

In consideration of the Organization allowing me to utilize and participate in the Activity, I hereby agree as follows:

- 1. To assume and accept all risks, dangers and hazards involved in participating in the Activity, including but not limited to those items indicated above and participating in the use of equipment owned by the Organization and used before, during and after the Activity.
- 2. To waive any and all claims that I may have against the Organization.
- 3. To release the Organization from any and all liability for any loss, damage, injury or expense that I, or my next of kin, may suffer or incur as a result of my participating in the Activity, due to any cause whatsoever, including negligence on the part of the Organization.
- 4. To hold harmless and indemnify the Organization from any and all liability for property damage, personal injury or death suffered by myself or by a third party as a result of (a) my participating in the Activity and/or (b) my breach of the terms and conditions upon which I am permitted to participate in the Activity.
- 5. That this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns, in the event of my injury or death.
- 6. To obey any guidelines, rules, terms or conditions set by the Organization concerning the Activity.

Continues next page. . .

I acknowledge that I have read and understand this Agreement prior to signing it and agree that by signing this Agreement, I am affecting the legal rights and liabilities of, and making this Agreement binding upon myself, my heirs, successors, executors, administrators and assigns in the event of my death or incapacity in relation to the Organization.

As well, I consent to photographs and video of my image and/or voice being taken and used for purposes of record keeping and promotion without any payment to myself.

I knowingly accept all risks and do hereby agree to all the terms of this Agreement.

## THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS

Participant's Signature Witness'	Signature	

(Sign)	Yes	No	Yes		
			res	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
		Yes	Yes No	Yes         No         Yes           Yes         No         Yes	Yes         No         Yes         No           Yes         No         Yes         No

IF THE PARTICIPANT IS UNDER THE FULL AGE	E OF NINETEEN YEAR	RS:							
I confirm that I am the parent or legal guardian of the abo	ve applicant (NAME)	who is							
a minor. In consideration of the Organization allowing the									
the activity, including use of the Equipment, I, the parent/									
indemnify and hold harmless the Organization, its servants, agents or employees from any claims or									
demands which may be against it arising out of or in cons									
above-named minor/applicant, including use of the Equip									
his/her behalf below:	ment, and as ms/ ner parer	it/guardian i sign on							
	20								
Signed this day of In the presence of:	, 20								
Parent/Guardian's Signature Witness' Signature									
Parent/Guardian – Print Name Witness – Print Name									
Parent/Guardian – Print Address Witness – Print Address	3								
Signed this day of In the presence of:									
Parent/Guardian's Signature Witness' Signature									
Parent/Guardian – Print Name Witness – Print Name									
Parent/Guardian – Print Address Witness – Print Address	5								
Signed this day of	, 20								
In the presence of:									
Parent/Guardian's Signature Witness' Signature									
Parent/Guardian – Print Name Witness – Print Name									

Parent/Guardian – Print Address Witness – Print Address