

**Outing/Event
Assumption of Risk, Waiver and Release of Liability**

Event Name and Location: _____
("the Outing") and subsequent events this year

Event Date(s): _____ and subsequent dates this year

To: The Nature Conservancy of Canada

I understand that during my participation in the Outing, I may be exposed to a variety of hazards and risks, foreseen or unforeseen. These include, but are not limited to, damage to property, personal injury, illness or my death from exposure or other danger ("injuries and damages") during the Outing. I know that injuries and damages can occur from natural causes or through the activities of animals, outing members, leaders and persons, and such injuries and damages can occur as a result of negligence or otherwise. I understand that I may have to exercise extra care for myself and others. I further understand that on group outings there may not be a rescuer or medical facilities or anyone with expertise necessary to deal with the injuries and damages to which I may be exposed.

I confirm that I have read the Information for Visitors Form provided to Outing members.

I confirm that I have read this Waiver and I understand, and voluntarily assume all risks of such injuries and damages and I agree to participate in the Outing.

I hereby waive any rights I may have to make claims for and I release and discharge the Nature Conservancy of Canada and its officers, directors, employees, contractors, agents, volunteers and leaders from all liability or responsibility for any injuries and damages I may suffer, howsoever caused, and even though such injuries and damages may result from negligence, whether passive or active.

This assumption of risk, waiver and release is given on my behalf and is binding upon my heirs, executors, administrators, successors and assigns.

Name (please print): _____

Signature: _____ Date: _____

If the signatory above is a minor (under 18 years of age), his/her parent or legal guardian must also sign this Assumption of Risk, Waiver and Release to acknowledge their agreement to such assumption of risk, waiver and release on behalf of such minor.

Name of Parent or Guardian (please print): _____ Age of minor: _____

Signature of Parent or Guardian: _____ Date: _____

Please check here if you do **NOT** permit the Nature Conservancy of Canada (NCC) to use photos of you and/or minors listed above for NCC publications or related uses.