

ALBERTA PALAEOLOGICAL SOCIETY

RELEASE, WAIVER, AND ASSUMPTION OF RISK

In consideration of the Alberta Palaeontological Society allowing me to participate in the following activity:

I, _____ the undersigned, acknowledge and certify that:

1. I am the full age of 18 years or older. **Initial** _____
2. I am in good health; am adequately fit to participate in the above mentioned activity; have no medical, emotional, and/or physical conditions that could interfere with the safety of myself or others in this activity; **else** I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition(s). **Initial** _____
3. I understand that participation in certain activities including the above mentioned activity can be dangerous, exposing participants to many risks and hazards (both man-made or of natural origin) some of which are inherent in the nature of the activity itself, while others result from foreseeable and unforeseeable human error and negligence and that as a result, I as a participant may suffer serious personal injury, illness or even death, as well as property loss. These risks and hazards may include but are not limited to natural disasters, forces of nature, wild animal encounters, isolation from help, difficult evacuation, and accidents. **Initial** _____
4. I nevertheless freely and voluntarily assume any and all risks and hazards connected with or arising out of the activity whatsoever and that, accordingly, my participation in the activity shall be entirely at my own risk. **Initial** _____
5. I, for myself and heirs, executors, administrators, personal representatives, and assigns, do hereby release the organizers of the activity, the Alberta Palaeontological Society, its affiliates and all respective members, officers, directors, employees, agents, and contractors from any and all manner of action, cause, cause of action, suit, claim, liability, or demand whatsoever in respect of or resulting from any personal injury, property loss, illness or death which I may suffer arising out of or connected with my participation in the activity, notwithstanding that such personal injury, property loss, illness or death may have been caused solely or partly by the negligence of the organizers of the activity or any other person participating in the activity. **Initial** _____
6. I have read the within Release, Waiver, and Assumption of Risk and understand that it has the legal effect of removing all recourse whatsoever against the parties so released. **Initial** _____
7. I agree that any litigation involving the Alberta Palaeontological Society shall be brought solely within the Province of Alberta and shall be within the exclusive jurisdiction of the Courts of the province of Alberta. The participant further agrees that these conditions and any rights, duties and obligations as between the Alberta Palaeontological Society shall be governed by and interpreted solely in accordance with the laws of the Province of Alberta and no other jurisdiction. **Initial** _____
8. I understand that this Release, Waiver, and Assumption of Risk is a contract and that I sign it of my own free will. **Initial** _____

Signature of Participant: _____ Date: _____

Address _____

Signature of Witness: _____

Printed Name of Witness: _____