

**OUTDOOR EXPLORATION PROGRAM: ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, INDEMNITY AGREEMENT, MEDICAL CONSENT AND PHOTO RELEASE (THE "RELEASE")**

<b>TO:</b>	Moose Jaw Pride Inc., and its respective directors, officers, owners, employees, volunteers, agents, representatives, contractors, advisors, successors and assigns (together, the " <b>RELEASEES</b> ").
<b>FROM:</b>	you, your heirs, executors, administrators, parents or guardians (together, the " <b>PARTICIPANT</b> ").
<b>EVENT:</b>	OUTdoor Exploration: Moose Jaw & Area Youth Program
<b>DATE OF EVENT(S):</b>	Twice a week from July 1 to August 17. Individual activities may vary according to facility availability.

In consideration of my participation in the EVENT on the date(s) specified above (the "**EVENT**"), the PARTICIPANT, \_\_\_\_\_, agrees as follows:  
Name of Participant

**(A) ASSUMPTION OF RISK:** I am participating in the EVENT purely on a voluntary basis and understand that participation in the EVENT carries with it certain inherent risks that cannot be eliminated regardless of the care to avoid injuries. Such risk may include, without limitation: minor injuries such as scratches, bruises, and sprains; major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and catastrophic injuries including paralysis and death. Risk may also arise from travel to or from the EVENT locations, extreme changes in weather or temperatures, allergic reactions to food and/or medication, exposures of an adverse nature (such as discrimination, harassment, bullying, physical confrontations, etc.) that could result in mental, emotional, and/or physical damages or injuries.

I certify that there are no health-related reasons that preclude my participation in the EVENT and that I have not been advised to not participate in the EVENT, or any other athletic activities, by any medical professional.

I acknowledge that this RELEASE will be used by the RELEASEES, and that it will govern my actions and responsibilities at the EVENT and that it will apply equally to any future Moose Jaw Pride event in which I participate, whether I am required to sign an additional release for such future events or not. I know and understand and appreciate the risks that are inherent with the EVENT and assume and accept, without limitation, all risks and dangers associated with my participation in the EVENT.

**(B) WAIVER:** I waive all claims against the RELEASEES arising from or connected, directly or indirectly, with my presence at, or participation in the EVENT.

**(C) RELEASE:** I release and forever discharge the RELEASEES from any and all liability, including but not limited to, liability arising from negligence or fault of the RELEASEES, all causes of action, actions, suits, claims and demands whatsoever that may arise in respect of illness, accident, loss of my life or any personal injury to me or damage to or loss of my property arising, directly or indirectly, in connection with my participation in the EVENT.

**(D) INDEMNIFICATION:** I indemnify, hold harmless, and promise to defend the RELEASEES from any and all liabilities or claims made as a result of my participation in the EVENT, whether caused by my negligence, intentional or negligent acts or omissions, or otherwise.

**(E) MEDICAL ATTENTION:** I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the EVENT. For the sake of clarity, any decision or act by any RELEASEE to provide, request, or otherwise induce the provision of any medical treatment to me as a result of an injury, accident, or illness during the EVENT shall be covered by this RELEASE.

**(F) PHOTOGRAPHY:** I understand that I may be photographed at the EVENT or related activities. I agree to allow my photo, video, or film likeness, voice, or persona to be used for any legitimate purpose, including commercial purposes, by any of the RELEASEES, without fee or royalty.

I HAVE READ THIS DOCUMENT CAREFULLY AND UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND THAT I AM AUTHORIZED AND COMPETENT TO SIGN IT ON BEHALF OF THE PARTICIPANT, AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT THE RELEASEES ARE RELYING ON MY FULL RELEASE AND WAIVER OF ALL CLAIMS WHEN ACCEPTING MY PARTICIPATION IN THE EVENT, WHERE THIS RELEASE SHALL BE GOVERNED BY THE LAWS OF SASKATCHEWAN.

\_\_\_\_\_

Print Participant's Name

\_\_\_\_\_

Signature (if over age of majority)

\_\_\_\_\_

Date (dd/mm/yyyy)

If the PARTICIPANT is under the age of majority, I hereby certify that I am the parent and/or legal guardian of the above-named minor and do hereby give permission for him/her/them to participate in the EVENT. I understand that this RELEASE shall be effective as long as the child is a minor or until the RELEASEES receive written request from me to terminate this permission.

\_\_\_\_\_

Print Participant's Name

\_\_\_\_\_

Signature of Parent/Legal Guardian

\_\_\_\_\_

Date (dd/mm/yyyy)

<b>Student Information</b>		
Age:	Phone:	Email:
<b>Emergency Contact Person</b>		
Name:	Phone:	Email:
Medications, accessibility issues, or other health-related information you would like to share with us:		
Food allergies or restrictions:		
<input type="checkbox"/> I would like to be notified if my child leaves the event location before the scheduled end time.		
Anything else you want to tell us?		

Please return this form by mail or in-person to: Moose Jaw Pride, 345 Main St N, Moose Jaw, SK S6H 0W2

The emergency contact person for the OUTdoor Exploration Program is Annah McDonald. She can be reached on her cell phone at: 306-690-2378 or email her at student@moosejawpride.ca.