**WAIVER AND RELEASE OF LIABILITY, ACKNOWLEDGENT AND ASSUMPTION OF RISKS**

***Initial*** \_\_\_\_\_ **IMPORTANT: THIS IS A LEGAL DOCUMENT.** Prior to participating in a GBHA Inc. program which includes a high element of risk, you must read and sign this document. If you have any questions, please ask and we will answer to the best of our ability. By signing this Waiver and Release of Liability Agreement, Acknowledgement and Assumption of Risks, you give up the right to Sue for any and all injuries, bodily, mentally or monetary or property damages howsoever caused.

1. **Parties to this waiver and release, acknowledgement, and assumption of risks agreement**

*(Print)* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Known as the **“Releasor”**

*(Print)* **Address of the Releasor**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I execute this waiver and release, acknowledgement of Risks and hereby release, hold harmless and indemnify

**Georgian Bay Hunters and Anglers Incorporated GBHA Inc.:** Known as the **“Releasee”**

1. Ogdens Beach Road, Tay Township, Simcoe County, P.O. Box 591 Midland Ont., L4R0A7

**Name** &**Nature of the activities/**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

1. **Waiver and Release:**

**I*,*** *(print name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_known as the “Releasor” agree release and forever discharge: **Georgian Bay Hunters and Anglers Incorporated**. (GBHA Inc.) I agree to indemnify and hold harmless the GBHA Inc., their officers, agents, volunteers and representatives from any and all claims, damages, losses, injuries and expenses arising out of or resulting from participating in these activities. I further agree to release, acquit and covenant not to sue Releasee, their volunteers or agents for any and all actions of the Releasee.

*Initial* \_\_\_\_I agree to waive any and all claims I may have against the Releasee and release from all liability and agree not to sue the Releasee and its officers, agents or volunteers for any personal injury, death, property damage, or loss sustained as a result of my **son or daughter’s** participation in the outdoor activity arising out of any cause whatsoever.

1. **Acknowledgement:**

I acknowledge that the “Activities” involve inherent risks and dangers that may cause serious injury and possibly death. I fully understand the risks and dangers associated with the “Activities” and accept same entirely at my own risk.

I understand that this document, as outlined above, contains a promise not to sue the Releasee or any of its members and that it constitutes a release of Liability and an indemnity for all claims.

*Initial* \_\_\_\_I fully comprehend and understand the implications of this agreement and am aware of the risks and accept them. I am signing this document voluntarily.

In signing the consent and waiver, I am not relying on any oral or written representation of statements made by the Releasee, its officers, agents or volunteers to induce me and/or my child to participate other than those set out in this consent and waiver

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian:** If I am the parent or guardian of the participant, I have completed the Agreement as the “Releasor”as required above. I have read and understand and execute this Waiver and Release (Agreement) on behalf of the child/ward. In the event for any reason, it is determined that my execution of this Agreement is not to be effective to impose the terms of this release. I agree to indemnify GBHA Inc. (Releasee) with all respects to all claims advanced by or on behalf of the child/ward. I am accepting the risk of an accident occurring and agree that this activity is suitable for my son or daughter.

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_**Name of Child**/ attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthdate** \_\_\_/\_\_\_/\_\_\_

Releasor signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_