

SCHEDULE "D"
LONE PRAIRIE CAMP
Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement
TO BE COMPLETED BY ALL PARTICIPANTS

PLEASE READ CAREFULLY
By signing this document you accept important legal obligations and waive legal rights

TO: **Lone Prairie Camp**, RR#1 Ferintosh, AB (The "LPC") RE: Camp Rental (The "Camp")

PLEASE PRINT CAREFULLY

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

PHONE NUMBER: _____ EMAIL: _____

HEALTH CARE NUMBER: _____ BIRTH DATE: _____

FAMILY DOCTOR: _____ PHONE NUMBER: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

HEALTH CONCERNS (please identify any allergies, medications or other health concerns.)

CONSENT and ACKNOWLEDGEMENT

I, the undersigned (also referred to throughout as "I"), hereby authorize and consent to my participation and involvement in the activities of the Camp. Activities shall include but not be limited to, participation in **one or all of the following: ZIP LINE, CLIMBING WALL, WATER SPORTS, ARCHERY, RIFLERY AND BOATING** (the "Activities").

I understand that illness and injuries sometimes occur through the participation in Activities. In the event that an emergency or other medical treatment is necessary I consent to and authorize that I be transported to the NEAREST SUITABLE MEDICAL HOSPITAL FACILITY. I hereby consent to and authorize emergency or other medical treatment as may be deemed advisable in the event of accident, injury, or illness during the Camp.

I understand that I am solely responsible to select and purchase adequate medical/health insurance for myself. Further I understand that neither LPC nor the Camp will provide medical/health insurance. I consent to and authorize that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the person in charge of the Camp, that I will be responsible for all of those costs.

I, understand that I am to act in a safe and responsible fashion, to follow the instructions and directions of the person in charge of the Camp.

ASSUMPTION OF RISKS

IN CONSIDERATION of the LPC allowing me to participate in Camp, and all related Activities associated with the Camp, I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with my participation in the Activities including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to the following:

- Risks associated with the fact that the Camp is located in a rural wilderness location and as such natural occurrences (such as lightning, high winds, rainstorms, tree falling and flash floods) and wildlife can be unpredictable and dangerous.;
- Risks associated with failing to follow the instructions or directions of the person in charge of the Activities;
- Risks associated with the participation in the Activities;
- Risks associated with medical problems arising before, during and following participation in Activities; and
- Other not mentioned probable and unforeseen risks.

DISCLAIMER and RELEASE OF LIABILITY

I, for myself, voluntarily accept and fully assume such risks, dangers and hazards and the possibility of personal injury, death, partial or permanent disability, property damage or loss resulting from my participation in the Activities.

I release, indemnify and hold harmless LPC, its trustees, directors, corporation members, staff, agents, volunteers, members and representatives from:

- a) **any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named;**
- b) **any claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my participation in the Camp and the Activities; and**
- c) **any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the Camp.**

ACKNOWLEDGEMENT

I understand that this is a legal agreement that is binding upon myself, my heirs, executors, administrators, successors and assigns. I acknowledge that I have read and understand the terms of this agreement and acknowledge that by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that I may have.

This Consent, Authorization and Acknowledgement shall be effective from and including _____ up to and including _____.

Witness of Participant's Signature

Signature of Participant

Print Name: _____

Date