

# ADVENTURES IN MIRAMICHI

## WAIVER FORM

I, the participant (or parent or guardian of the participant) in an activity organized by, or through, Adventures In Miramichi (AIM), any affiliated companies, their respective staff, servants, agents, representatives, employees, promoters, officers, directors, shareholders, guests or invitees (henceforth called "the Companies"), state that the participant is in proper physical condition to participate in the activity. I further state that I am aware that the participation in the activity could, in some circumstances, result in physical injury and, accordingly, I agree that the participant is to strictly abide by all the rules and instructions given by the Companies. Therefore, in consideration of the right to participate and of the organization by, or through, the Companies, I covenant and agree for myself, my heirs, executors' administrators and assigns as follows:

1. RELEASE: I agree to release the Companies from any claims, demands, damages, actions or causes of actions arising out of, or in consequence of, any loss, injury or damage to my (or the participant's) person or property incurred while attending at, or participating in, any activity, notwithstanding the fact that any such loss, injury or damage may have arisen by reason of the negligence of the Companies.

2. INDEMNIFICATION I agree to indemnify the Companies from any claims or demands which may be made against the Companies arising out of, or in consequence of, my (or the participant's) attendance at, or participation in, any activity.

3. SCOPE OF WAIVER: I covenant and agree that the foregoing Waiver is intended to be as broad and inclusive as is permitted by the laws of the Province of New Brunswick and, should any portion thereof be held to be invalid, it is agreed that the balance shall, nevertheless, continue in full legal force and effect.

### PARTICIPANT INFORMATION:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by the participant or by a parent or guardian (if the participant is under the age of 19 years).

\_\_\_\_\_  
Participant or Parent/Guardian