

Salt Spring Trail & Nature Club WAIVER OF LIABILITY

This document affects your legal rights. Please read it carefully.

Signature of this agreement is a condition of

participation in Salt Spring Trail & Nature Club activities. By signing this agreement, you will waive certain legal rights, including the right to make a claim for damages with respect to these activities and you will absolve the Club and its representatives from liability. Participants who are not members of the Club and/or the Federation of BC Naturalists (FBCN)/BCNature may participate in a maximum of three (3) field trips during the Club's year, must complete and sign a Visitor Waiver on each occasion, and are not eligible for liability coverage under the FBCN/BCNature insurance scheme.

Assumption of Risk

I am aware that certain activities of the Club, including field trips and nature trips involve risks and may result in personal injury, death, property damage, expense, or related loss, including loss of income. These risks include negligence on the part of the Club, its directors, officers, members, employees, and volunteers who organize or lead activities, described herein as the "the Club and its representatives".

I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense, and related loss, including loss of income, resulting from participation in such activities.

Release of Liability and Waiver of Claims

In consideration of the Club accepting my application to participate in the activities described, I agree as follows:

1. To waive any and all claims that I, or my/our heirs, may have in the future against the Club and its representatives with respect to these activities. 2. To release the Club and its representatives from any and all liability for any personal injury, death, property damage, expense, and related loss, including loss of income, which I may suffer as a result of my/our participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.

I have read this agreement and I understand it. I am aware that by signing this document, I am waiving certain rights which I may have with respect to the Club.

SIGNATURE:	DATE:	
Print		
Name:	Phone:	
EMERGENCY		
CONTACT:	Phone:	



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