CALGARY OUTDOOR CLUB

NON-MEMBER RELEASE, WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT: BY COMPLETING AND SIGNING THIS CONTRACT YOU ACKNOWLEDGE THAT YOU AGREE TO AND UNDERSTAND THE TERMS AND CONDITIONS HEREIN. YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CALGARY OUTDOOR CLUB, ITS DIRECTORS, OFFICERS, VOLUNTEERS, REPRESENTATIVES AND MEMBERS (COLLECTIVELY THE "COC RELEASED PARTIES"). PLEASE READ THIS CONTRACT CAREFULLY.

RELEASE OF LIABILITY:

I, THE UNDERSIGNED, being of the full age of 18 years or older, in consideration of being allowed to participate in the below named activity of the Calgary Outdoor Club ("COC"), do hereby waive, release and forever discharge the COC Released Parties from any and all liability for injuries, damages, paralysis or death resulting from my participation in any COC activities, including while I am en-route to and from the activity location, and including any and all liability for any property damage or personal injury to any third party.

ASSUMPTION OF RISKS:

I am aware that members of the COC acting as trip coordinators of activities, are not professional guides, or licensed first aid attendants and are not responsible for my safety. I understand that COC outings may be hazardous and may include activities in rugged terrain in all extremes of weather, far from any professional or medical services. I understand that rescues may take more than 24 hours and all medical and rescue costs are my responsibility. I understand that I may be exposed to real risks of injury, heart attack or even death, from such hazards or events including but not limited to falls, rock fall, icefalls, avalanches, lightning, river crossings, cold injuries, animal attack, and accidents while participating in COC activities and that I am voluntarily participating in the COC activity with knowledge of the dangers involved. I acknowledge that the leaders cannot foresee all of the risks and hazards associated with participating in COC activities.

I do hereby further declare myself to be physically fit and suffering from no condition, impairment, disease, or other illness that would prevent or impair my participation in the event. I do acknowledge that I have been informed of the need for a physician's approval for my participation in activities. I hereby confirm that I have had a physical examination and been given my physician's approval to participate, or that I have decided to participate in the activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.

I agree that this Release shall be effective and binding upon me, the undersigned, and my heirs, next of kin, executors, administrators, personal representatives and assigns.

Event Information

Name of Event: _____ ***Date of Event:*** _____

Organizer: _____

Participant Name: _____ Signature: _____

Participant Name: _____ Signature: _____

Participant Name: _____ Signature: _____

Participant Name: _____ Signature: _____

Participant Name: _____ Signature: _____

Participant Name: _____ Signature: _____

Participant Name: _____ Signature: _____