



# WAIVER OF ALL CLAIMS, RELEASE FROM LIABILITY AND ASSUMPTION OF RISKS

## GET WILD SUMMER CAMP 2024

DATES COVERED BETWEEN JULY 2-AUGUST 23, 2024

### **WARNING: By signing this you also give up the right to sue**

Wildsight means the regional society Wildsight, its six branches (Creston Valley, Golden, Elk Valley, Kimberley/Cranbrook, Invermere and Revelstoke), and their officers, directors, members, employees, contractors, agents, and any person acting on their behalf.

I [the UNDERSIGNED] accept all the dangers and risks and the possibility of personal injury, death, property damage or loss resulting while my child or myself are participating in a Wildsight activity. I agree not to sue Wildsight on account of any circumstance whatsoever arising from my or my child's participation in any activity organized, sponsored or conducted by Wildsight or any of its affiliated branches (all of which are referred to in this clause as an "activity"). If I am signing this waiver as the parent/guardian of a minor, I agree to indemnify and hold harmless Wildsight from and against all costs, claims and liabilities of any nature and kind whatsoever arising from the participation of such minor in any activity of Wildsight. In entering into this agreement, I am not relying on any oral, written or visual representation or statements made by Wildsight including those in its advertising or brochures, to induce me to go on the Wildsight activity.

I also agree for myself, my heirs, my executors, administrators and assignees to forever discharge and release Wildsight, for any personal injury, death, property damage or loss sustained by me or my child as a result of my or my child's participation in the Wildsight activity due to any cause whatsoever, including, without limitation, negligence on the part of Wildsight and its staff.

I am aware that in addition to the usual dangers and risks inherent in field trip activities, certain additional dangers and risks are possible, some of which include TERRAIN, WEATHER, ANIMALS, and COMMUNICABLE DISEASES.

I further acknowledge and agree that I am to supply for my child and/or myself, such footgear, outerwear, nourishment, water, medications, medical and such other supplies as I may deem fit, taking into account varying weather conditions and terrain that may be encountered on such an activity.

### **AND/OR CONSENT FOR PHOTOGRAPHS, VIDEO AND AUDIO RECORDINGS**

You or your child is participating in an event offered or co-sponsored by Wildsight

(the “Event”). During the event, photographs will be taken and possibly audio and video recordings will be made (all of which are referred to in this Consent Form as the “Images”).

Images may contain you or your child’s recognizable image, so the purpose of this form is to notify you of this possibility and seek your permission to use any Images of you or your child in publications or promotional material produced by Wildsight, in distributions to media (including social media and the internet), in displays produced by Wildsight and during Wildsight events and activities. Images may also appear in videos or advertisements produced by Wildsight.

Please note: You or your child will be able to fully participate in the event should you prefer to withhold your consent to use images as described.

**Consent**

I understand that Images of me or my child may be taken or recorded during the Event. I understand that the Images may be circulated widely if published on Wildsight’s website or other related websites, and that the Images will be available to the public both inside and outside Canada.

I consent to Wildsight or its authorized representatives taking or recording Images of me or my child for all of the purposes stated above. I consent to Wildsight using, reproducing, publishing, broadcasting or displaying Images containing my or my child’s image and voice for all of the purposes stated above.

Please check the box on the attached waiver form to consent.

**If the applicant is not nineteen years of age, the parent or guardian of the applicant must sign the waiver form on behalf of the applicant. Please use ink.**

<b>Participant name</b>			
<b>Parent/Guardian name, if applicable (print)</b>			
<b>Signature of Participant or Parent/Guardian</b>			
<b>Date</b>		<b>Photo consent (check)</b>	