## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT By signing this document you will waive certain legal rights, including the right to sue. PLEASE READ CAREFULLY

4 Directions Staff: This form must be used for all Adventure Activities. This form is signed by the custodial parent(s) or guardian(s) of a minor child. Parent/guardian instructions: Review the information below. Initial all the activities in 2(a) that you are consenting to your child/ward participating in, then sign the form at the bottom. Your child/ward will not be permitted to participate in those activities for which you have not initialed. hereby acknowledge and agree that in consideration of I (we), being permitted to participate in (name of participant) the activities of 4 Directions Coop (herein called 4 Directions) in wilderness settings including but not limited to the Nepisiguit Mi'gmaq Trail and/or the Restigouche River on: Date(s) 1. I (we) do hereby release 4 Directions, its members, officers, directors, employees, volunteers and independent contractors from all liability, claims, causes of action of any kind whatsoever in respect of all personal injuries, loss of life or property losses which our child/ward (I) may suffer arising out of the activities of 4 Directions. **2.** And I (we) do hereby acknowledge and agree: (a) That the adventurous activities (listed below) and related actions or activities may be dangerous and expose our child/ward (me) to risks and hazards: **Activities Initial to Give Consent of Participation** Paddling (Flat water, Moving Water) Hiking (Various Terrain) Camping (Tent, Hammock, Improvised Shelter) Survival Skills (First Aid, Fire, Shelter, Signals, Food & Water) Tree Go Adventures (Ropes and Walls Adventures) (b) That I (we) freely and voluntarily assume all the aforesaid risks and hazards associated with the initialed activities for my (our) child/ward or myself. (c) That I (we) have carefully read this Release, Waiver and Assumption of Risk and Indemnity agreement, that I (we) fully understand same, and that I am (we are) freely and voluntarily executing same. (d) That I (we) understand clearly that by signing this Release I (we) will be forever prevented from suing or otherwise claiming against 4 Directions, its Members, officers, directors, employees, volunteers or independent contractors with respect to any matter arising from these activities. **Image Consent** The Parties consent to the Organization's non-commercial use of photographs, videos, and recordings taken of the Participant during the Activities. \_\_\_\_\_\_, this \_\_\_\_\_\_, day of \_\_\_\_\_\_ in the year \_\_\_\_\_\_. DATED at \*Signature(s) of custodial parent/guardian, or Relationship to participant Signature of witness (must be of participant: (if applicable ): provincial age of majority):

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form.

<sup>\*</sup>When only one parent signs to indicate consent, he/she does so in good faith and is presumed to be acting with the consent of the other legal parent/guardian.