

ONTARIO WILDFLOWER

RELEASE OF LIABILITY - READ BEFORE SIGNING

Field Trip:

Trip Leader:

Field Trip Date:

SIGNING THIS DOCUMENT INDICATES THAT YOU UNDERSTAND THE RISKS ASSOCIATED WITH THIS FIELD TRIP AND THAT YOU ARE AWARE THAT BY PARTICIPATING IN IT, YOU ARE EXPOSING YOURSELF TO RISKS INCLUDING, BUT NOT NECESSARILY LIMITED TO, THOSE IDENTIFIED BY THE FIELD TRIP LEADERS.

Participant's name:

Emergency Telephone Contact:

In consideration of being allowed to participate in any way in the Ontario Wildflower Field Trip identified above, its related events and activities,

I, _____, the undersigned, acknowledge, appreciate and agree that:

- the risk of injury from the activities involved in this field trip is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION;** and
- I willingly agree to comply with the stated and customary terms and conditions for participation. I agree to follow the instructions and precautions issued by the field trip leader(s).

- If I observe any unusual significant hazard during my presence or participation in this Field Trip, I will remove myself from participation and bring such to the attention of the field trip leader immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS ONTARIO WILDFLOWER**, their officers, agents, and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's signature: _____

Date and Place: _____

Witness's signature: _____

Witness's name (printed): _____

Emergency Contact Information (optional):

Emergency Contact's name: _____

Emergency Contact's telephone: _____

Emergency Contact's relationship to participant: _____