

## **Island Life Expeditions**

Last Name		First Name		
Address:				
City:	Province:		Postal Code:	
Birthdate(dd/mm/yyyy):	Phone	#:		
WAIVER OF ALL CL	AIMS, RELEASE FROM	LIABILITY	, AND ASSUMPTION OF RISK	
PLEASE READ CAFEFULY BEFORE SIGNI				sistently upheld
in BC courts. By agreeing to this waive	r, you are assuming ph	ysical and	legal risks and giving up legal righ	ts including the
right to claim compensation sh	ould you be injured or	killed as a	participant with Island Life Exped	ditions.
n consideration for being permitted to	participate in the activ	vities of Isl	and Life Expeditions, 49 North He	licopters Ltd
49 North Maintenance Ltd., and Alba A				,
l,		(Pai	rticipants Name)	
			,	
1. Do hereby release and save harmless the	Releasee, their officers	, employees	s, independent contractors and agent	ts from all claims,
actions, causes of actions, expenses, and de which I may suffer arising out of or connect	emands of any kind what end with my participation	soever, in r	espect of all personal injuries or prop	erty losses
that may have been caused solely or partly	by the negligence of the	Releasee o	r any of their officers, employees, or	agents; and
<ol><li>That I understand by signing this release the Releasee; and</li></ol>	e, I am giving up any rigi	nt I would o	therwise have to make a legal or oti	her claim against
3. I do hereby acknowledge and agree:				
a) that the activities of the Release	e, including fresh water	and ocean	stand-up paddle boarding, involve sei	lf-powered
activities in wilderness terrain, travel to suc	th remote areas, immers	ion in water	r, proximity to wildlife, and exposure	to dangerous
weather and unpredictable conditions which	th are inherently danger	ous, exposi	ng participants to potential risks and	l hazards;
b) that such risks and hazards can	result in property loss an	d personal	injury, including but not limited to: lo	oss of or damage
to personal property, immersion in cold wa objects, including any type of accident or ill	ter, hypothermia, hyperi	thermia, dro	owning, animal attacks, slipping and f	falling, falling
c) that as a result of those sieks as	ad bazardo I mau cuffee			
disease, broken bones, cuts, bruises, burns,	insect bites, back and n	eck injuries,	sonal injury, including, but not limited , permanent disability, death, and pro	i to: nausea, operty loss;

e) that, while some of these risks and hazards are inherent in the very nature of the activities and locations, others may result from mechanical or material failure, human error, and negligence on the part of persons involved in preparing, organizing and running the programs and activities;

significantly longer than in urban settings;

d) that, due to the remote location of the activities, communication, medical aid and emergency response times are

f) that I nevertheless freely and voluntarily assume all the risks and hazards, and that, accordingly, my participation in the programs and activities of the Releasee will be entirely at my own risk;

g) that my participation in the Releasee activities requires me to share the responsibility for my own safety and those of other participants during all activities and requires me to follow all instructions and directions of the Releasee instructors and guides; and

h) that I am responsible for and will bear all costs and expenses of rescue or medical attention rendered to me or for my benefit while participating in any of the Releasee programs or activities; and

4. that this RELEASE FROM LIABILITY AND ASSUMPTION OF RISK AGREEMENT is binding upon my heirs, my executors, administrators, personal representatives, assigns and myself.

I HAVE READ THIS RELEASE FROM LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND THE SAME, AND I AGREE TO ITS TERMS.

DATE:	-
LOCATION:	
SIGNATURE of participant:	
Island Life Expeditions Representative	