NAME OF PARTICIPANT: _____________________________________________________________

ADDRESS OF PARTICIPANT: __________________________________________________________

ACTIVITY NAME: Kluane Lake - On / Off-Site Visitors

ASSUMPTION OF RISK
Participation in the activity(s) of Kluane Lake - On / Off-Site Visitors, carries with it certain inherent risks. I am aware that, while participating in the activity(s), I may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

General:
- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus, traffic accidents, poor road conditions, water craft, airplanes or or any other means of transportation to, from, or during the activity(s).

NOTE: Please consult with your physician prior to: 1) participating in any physical activity(s), 2) with the use of any equipment or 3) having any pre-existing conditions which may be affected by your participation in the activity(s).

Wilderness, Hiking/Backpacking & Outdoor Activities/Travel:
- Mountainous and Steep Terrain: Steep slopes, tree wells, tree stumps, creeks, icy, slippery or uneven terrain, rocks and boulders, or obstacles and hazards which may be hidden or covered;
- Remoteness: Becoming lost or separated from guides or companions, the inability to access rescue and medical help in the event of an accident or difficulty or inability to communicate in remote areas which may limit access to medical help in an emergency;
- Animals: Contact with aggressive or curious animals including bears or other carnivores, elk, moose, or other large animals, rodents, snakes, and/or birds etc.;
- Weather: Severe or varied exposures to cold, wet or windy weather, sleet, rain, hail, thunder and lightning, reduced visibility, the effects of strong sunlight, along with weather/extreme conditions that change rapidly without warning or can occur at any time;
- Other Outdoor Risks: Rockfall, tree fall, avalanches, floods, mud slides, hypothermia, dehydration, exposure to tick-borne / insect-borne / flea-borne illnesses/diseases, various waterborne parasites, bacteria, or other elements.

Sporting/Physical Activities:
- All manner of muscular and skeletal injuries, bruises, scrapes, cuts, strains, sprains, leg cramps, dislocations, or bone injuries;
- Head, facial, dental and neurological injuries such as concussions and traumatic brain injuries (TBI);
- An increased load on the heart which may result in dizziness, shortness of breath, fainting, chest pain or discomfort, nausea, and in extreme circumstances may result in a heart attack;
- Being struck with projectiles, falling, impacting, entanglement or impairment on obstructions, apparatus/equipment, against the ground, goal posts, ice surface, floors, walls, man made obstacles, that may be visible or non-visible etc.;
- Contact with or the actions of other participants, spectators, people or objects;
- My participation and use of equipment beyond my own abilities;
The use, failure or misuse of equipment or the sudden and unforeseen malfunctioning of any equipment.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
In consideration of The Governors of the University of Calgary permitting my participation in the activity(s) of Kluane Lake - On / Off-Site Visitors, I agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against The Governors of the University of Calgary and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");

2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the activity(s) of Kluane Lake - On / Off-Site Visitors due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIER'S LIABILITY ACT, RSA 2000 c. 0-4 AS AMENDED ON THE PART OF THE RELEASEES;

3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the activity(s) of Kluane Lake - On / Off-Site Visitors; and

4. THAT if I am supplying my own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(s) in which I am participating. I understand that the Releasees accept no responsibility for any incidents or accidents occurring out of the use or misuse of my equipment.

5. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

6. This Waiver shall be governed by and construed in accordance with the laws in force in the province of Alberta and the federal laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, disputes and actions arising out of and related to the Activity(s) and this Waiver and the parties hereby attorn to the jurisdiction of Alberta courts.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees, other than what is set forth in this Agreement.

I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this ________day of ____________________, __________.

__________________________________________       __________________________________________
SIGNATURE OF PARTICIPANT                                     WITNESS SIGNATURE (Non Family Member)

__________________________________________
WITNESS NAME (please print)

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraphs 2 and 4 must be initialed before the participant may participate in the activity(s).