

RELEASE OF LIABILITY (Waiver form) – BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS. READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING. THIS FORM MUST BE COMPLETED BY EVERYONE ATTENDING THE HIKES *if you attend both hikes please fill two different waiver forms:*

Walcott Quarry or Trilobite Beds (Please circle)



Trip Leader(s): _____

Dates: _____

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 BELOW:

(a) Mountain terrain which has many dangers, obstacles and hazards including:

- Exposure to cold, wet weather or the effects of heat and strong sunlight, or strong winds;
- Curious or aggressive wildlife: carnivores, rodents, insects, birds, snakes, or other domestic or non-domestic animals;
- Bacterial, parasitic or fungal hazards such as Giardia;
- Falls on, from, or onto steep, slippery or uneven terrain resulting in contact with rocks, trees, obstructions or other participants;
- Falling rock, flooding immersion in cold water potentially causing hypothermia, shock or drowning;
- Deadfall and noxious vegetation.

(b) Travel by plane and Motor vehicle: I am aware of the risk of mechanical failure or operational error including pilot or driver error. In consideration of being allowed to participate in any way in the International Conference on the Cambrian Explosion-2009 ("ICCE-2009") Field Trip identified above, its related events and activities,

I, [please write first and last name] _____,

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. In signing this waiver, I am not relying on any oral, written or visual statements of any kind, but I agree to follow the instructions and precautions as written in the Field Trip Guidebook and/or stated by the Field Trip Leaders. I assume responsibility for attending all safety briefings. 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 THE Trip leader(s), ICCE organizing committee, ROM, Parks Canada,** 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. I agree that this release of liability and the agreements it contains will be governed in all respects by and interpreted in accordance with the laws of the Province's of British Columbia and Ontario and I hereby irrevocably attorn to the jurisdiction of the Courts of British Columbia and Ontario.

Participant's name: _____

Participant's signature: _____

Date and Place: _____

Witness's signature: _____

Witness's name (printed) _____

Emergency Contact's name: _____

Emergency Contact's telephone: _____

Emergency Contact's relationship to participant _____