



RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK

P L E A S E R E A D C A R E F U L L Y

Important Information

The Wainwright Buffalo National Park Interpretive Centre Foundation and the Bodo Archaeological Society, partners jointly operating the Buffalo Adventures tourism attraction, and the Buffalo Adventure hosts providing the Adventures are committed to conducting experience-based learning adventures in a safe manner and hold the safety of participants in high regard. We strive to reduce risks and insist that all participants follow safety rules and instructions that are designated to protect participants. Participants, however, must recognize that there is a certain risk of injury when choosing to participate in our activities.

Warning of Risk

Buffalo Adventures is a experiential and learning tourist attraction. While the Wainwright Buffalo National Park Interpretive Centre Foundation, Bodo Archaeological Society, and the Adventure hosts do their utmost to ensure the safety of participants, not all hazards and dangers can be foreseen. Participants must understand that certain risks exist due to acts of God, inclement weather, insect bites, livestock and wild animals (including bison) on Buffalo Adventure sites, slipping or falling on natural or man-made obstacles on walking tours or at Adventure sites, falling from climbing on objects, danger due to driving vehicles or moving vehicles or farm equipment, risks due to consuming food at Adventure sites, premises defects and all other circumstances inherent to outdoor settings or recreational activities.

Waiver and Release of All Claims and Assumption of Risk

Please Read this form carefully and be aware that in signing up and participating in Buffalo Adventures you will be expressly assuming risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with the Wainwright Buffalo National Park Interpretive Centre, Bodo Archaeological Society, and Buffalo Adventure hosts as associated with Buffalo Adventures activities (including transportation services, when provided).

I am aware that there are dangers and risks of physical injury and I voluntarily agree to assume full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of the said participating in any and all activities connected with the Wainwright Buffalo National Park Interpretive Centre Foundation, Bodo Archaeological Society, and Buffalo Adventures. If I perceive the risk to be too great, I will choose not to participate. I understand and agree that it is my responsibility to ensure that I have adequate medical coverage, disability insurance, or any other necessary insurance. I further agree to waive and relinquish all claims I may have as a result of participating in these Buffalo Adventure activities against the Wainwright Buffalo National Park Interpretive Centre Foundation, Bodo Archaeological Society, Buffalo Adventures hosts, officials, agents, volunteers and employees. I declare this release binding on me, my heirs, executors, administrators and assigned.

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I have read and fully understand the above important information, warning of risk, assumption of risk and wavier and release of its claims.

I confirm that I am the full age of majority or, in the alternative, I have indicated that I am the guardian of the minor participant named. If registering via fax, my signature shall substitute for and have the same legal effect as an original signature.

SIGNED THIS _____ DAY OF _____ , 201____ .

Participant's Signature: _____

Participant's Name (Printed): _____

(Guardian's Signature if participant is a minor) _____

Signed in the Presence of

Witness' Signature: _____

Witness' Name (Printed): _____

Participant's Contact Information

Address: _____

Phone: _____

E-mail: _____

Additional Information: (please attach a separate sheet if necessary)

A. Do any of the participants have any allergies? Yes No

Name all allergies (i.e., medications/foods/plants/animals/environmental, etc.)

B. Do any of the participants have any physical restrictions? Yes No

Please explain and list

C. Do any of the participants have dietary concerns? Yes No

If yes, what kind? _____
