

**Shuswap TrailRider Adaptive Adventure Society**  
Waiver

Please forward this application to;

Debra McDonald

[debram2@telus.net](mailto:debram2@telus.net)

**Please read and sign the following waiver of liability. By signing below, you will leave certain rights including the right to sue. Please read carefully.**

**Disclaimer Clause:**

The Shuswap TrailRider Adaptive Adventure Society herein after referred to as the "Society" is not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever including without limitation the negligence of the Society and their respective servants, agents, or employees.

**Agreement:**

In consideration of the Society accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns released the Society, it's respective servants, agents, or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attendant at or participating in any activity of the Society notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Societies, its respective servants, agents, or employees. Without limiting the generality of the foregoing, I further release any recourse, which I may now or hereafter have resulting from any decision of the Society. I confirmed that I have read and understand this waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the Disclaimer Clause by my signature below (parents or guardians please sign below for minors).

**Indemnification:**

In consideration of the Society accepting this application, I, \_\_\_\_\_ (applicant), agreed to indemnify the Society, it's respective servants, agents or employees from any claims or demands that might be made against the Society arising out of or in consequence of any event or activity sanctioned by the Society. (If over or under the age of 18, indemnification must be signed by a parent or guardian.)

Client	SIGNATURE	PRINT NAME	DATE
Participant/Volunteer			
Signature of Parent/Guardian (if participant under 19 or if over 19 )			
Witness			

By signing this form, I am also agreeing to allow pictures to be taken of the event and published. (please check box)

Provided By <http://www.shuswaptrailrider.com>