

c

ISLAND ESCAPADES LTD.

163 Fulford Ganges, Salt Spring Island, V8K-2C6 1- 888- 529-2567

IMPORTANT: THIS IS A LEGAL DOCUMENT Please read this document prior to signing. If you have any questions please ask.

Island Escapades Ltd. has done everything possible to assure our participants a safe, fun and educational experience. We wish to inform our participants that kayaking, hiking, sailing and climbing, experiences can lead to injury or in extreme cases, permanent trauma or death. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of the various risks. We ask that you read this, sign it, and return it prior to venturing on your experience.

ACKNOWLEDGMENT OF RISK

1) Kayaking, Sailing, Hiking and climbing activities involve the use of equipment and physical skills of the participant that may cause injury. Participants may be on difficult terrain or rough seas where they will be exposed to some risks. There is the possibility that the participant could fall, or tip into the water. The participant could sustain bruises, be susceptible to hypothermia and/or other inherent injuries.

2) Accidents can occur while hiking, walking or driving to and from the site. a) Trails are often steep, rocky, and slippery. b) Exposure to the natural elements can be uncomfortable and/or harmful: c) heat, sun burn, dehydration, heat exhaustion, heat stroke, heat cramps can occur. d) Rapid changes in weather, wind tides currents, fog and various marine conditions may occur e) Outdoor living/sleeping on the ground, using portable toilet facilities, eating meals outdoors, being in the open (more or less) for the extended periods may cause discomfort/problems. It is also possible that some participants would suffer mental anguish or trauma from the experience. g) As a result of any of the above-mentioned items, trips may be delayed, late, postponed or canceled. This list is not an exclusive or exhaustive list to possible injuries, trauma or accidents that may occur to you while out with Island Escapades.

I certify that my family, including minor children, and I am fully capable of participating in the activities. I state that I have read the above statement on some of the possible risks in these activities. Therefore, I assume full responsibility for myself, my family, including minor children, for bodily injury, death and loss of personal property and any expenses as a result of my negligence of my family, or negligence to Island Escapades. I fully understand that Island Escapades reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participation in the activities. I am in good physical condition and able to undertake this activity.

Initial that you have read this page _____

...

CONTRACT, WAIVER, AND RELEASE

I agree to indemnify and hold harmless Island Escapades, their agents and employees from any and all claims, damages, losses, injuries and expenses arising out of or resulting from participating in these activities. I further agree to release, acquit and covenant not to sue Island Escapades, their agents and employees for any and all actions of Island Escapades or myself, my family, my heirs.

I have adequate health, disability and life insurance for myself and my family. I hereby give permission to transportation to any medical facility or hospital and I authorize for emergency medical care for my family and myself.

I, _____, of my own free will, for myself, my family, my minor children and my heirs and executors have read, understand and acknowledge the risks and liability for my family and myself this _____ day of _____ 2017.

If you are on a multi day trip please specify date from this _____ day of _____ to _____ day of _____, 2017.

IN CONSIDERATION OF THE PROMISE & AGREEMENT OF ISLAND ESCAPADES TO PROVIDE THE SAFEST AND MOST REWARDING EXPERIENCE POSSIBLE FOR MYSELF, MY FAMILY MY HEIRS AND EXECUTORS, I PROMISE NOT TO SUE ISLAND ESCAPADES IF MY FAMILY OR I IS INJURED FOR ANY REASON WHATSOEVER.

Participant _____

Address _____

City _____ Country _____

Postal code/zip _____ Phone # _____

Date of Birth _____ E- Mail _____

In Case of Emergency Please Contact _____

_____ Phone # _____

I am currently covered by medical insurance valid in the Province of British Columbia Yes _____ No _____.

Name of insurer _____

PARTICIPANT'S SIGNATURE _____.

Parent or Legal Guardian if under 19 years _____.

ARE YOU INTERESTED IN BEING ON OUR MAILING LIST: YES _____ NO _____

E-mail Address: _____

Please initial that you have read this Page _____