

## WAIVER OF LIABILITY AND RELEASE OF CLAIMS

This Waiver and Release made on the \_\_\_\_\_ day of \_\_\_\_\_, 2015 by

Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

### **To British Columbia Field Ornithologists (BCFO), a non-profit society in the Province of British Columbia.**

In consideration of the permission granted to me, the undersigned, by BCFO to participate in an event organized by the said society, I am aware and acknowledge that there are inherent risks involved with my or my child(ren)'s participation in the activities of BCFO, and that these risks include but are not limited to: those associated with traveling to various field sites, which may involve transportation by motor vehicle or boat; those associated with wilderness, wildlife, beach, river, and on - or off - trail hiking into precipitous, rugged, unstable, or snowy terrain. The activities of BCFO may be carried out under conditions of weather, tides, and other circumstances beyond the control of BCFO, and away from medical facilities. I recognize that the Directors and members of BCFO do not have special expertise in these activities and are not responsible for my safety or my child(ren)'s safety. I accept these risks as my responsibility and hereby release BCFO, its Directors, members, employees, contractors, and agents, either collectively or individually, from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against BCFO and other above described parties for all personnel injury or illness, property loss or other damages sustained by me during the under - named event, whether arising out of or incidental to the under - named event, or otherwise.

I, the undersigned, further understand and agree that BCFO, its Directors, members, employees, contractors and agents reserve the right to decline to accept or retain any person as a participant should such person's health or mental condition or physical infirmity or general deportment impede the operation of the event, or the rights or welfare or enjoyment of other participants.

I, the undersigned, have read this Waiver and Release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this Waiver and Release at the city of \_\_\_\_\_ in the province of \_\_\_\_\_, on the day \_\_\_\_\_ and year first above-written, and for the following event:

**Event: 2015, May 29-31, BCFO 25<sup>th</sup> Annual Conference in Oliver, including field trips, and May 31 - June 3 Extension Trip to Washington State\*.**

Signature: \_\_\_\_\_

Signature of parent or guardian if under 18: \_\_\_\_\_

**\*NOTE:** For the Extension Trip to Washington State, a passport is needed and medical emergency insurance is recommended.