



Sault Naturalists Club Waiver

ASSUMPTION OF RISK AND WAIVER AGREEMENT FOR PARTICIPANTS

Please read CAREFULLY and SIGN below, for yourself and any minors in your care, to indicate that you have READ and UNDERSTOOD the following:

- I understand that during my participation in SAULT NATURLISTS CLUB ACTIVITIES, I may be exposed to a variety of HAZARDS and RISKS.
- I acknowledge and voluntarily accept that my PARTICIPATION in CLUB ACTIVITIES could result in INJURY or DEATH to myself, or any MINORS in my care, and DAMAGE to my PROPERTY.
- I agree to WAIVE, DISCHARGE CLAIMS, and RELEASE FROM LIABILITY, the SAULT NATURALISTS CLUB, ITS OFFICERS, MEMBERS, AND ACTIVITY LEADERS.
- I understand and intend that this ASSUMPTION OF RISK AND WAIVER AGREEMENT is binding upon my HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, and includes any MINORS accompanying me.
- I confirm that I have READ THIS DOCUMENT in its ENTIRETY and I APPRECIATE, UNDERSTAND, and FREELY ACCEPT all risks on my own behalf, and on behalf of any MINORS participating in club activities with me.

Name: _____

Signature: _____

Date: _____

Name(s) of minors: _____

Signature of Parent or Guardian: _____

Date: _____