

**Niagara Falls Nature Club - Release of Liability
Nature Walks and Outings, Citizen Science Activities and Meetings**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
IN CONSIDERATION OF THE ORGANIZERS ALLOWING ME TO PARTICIPATE IN THE NATURE
WALKS, OUTINGS AND CITIZEN SCIENCE ACTIVITIES FOR THE PERIOD BEGINNING
ON _____, 20____, AND EXTENDING TO _____, 20____, I HEREBY
AGREE AS FOLLOWS:**

- 1. TO WAIVE ANY AND ALL CLAIMS THAT I HAVE OR MAY IN THE FUTURE HAVE AGAINST THE ORGANIZERS**, and to release the organizers from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer as a result of my participation in a nature walk, outing or citizen science activity due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care on the part of the organizers. I understand that negligence includes failure on the part of the organizers to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in Field Trips;
- 2. TO HOLD HARMLESS AND INDEMNIFY THE ORGANIZERS** from any and all liability for any property damage or personal injury to any third party resulting from my participation in the above mentioned activities.
- 3. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heirs, next of kin, executors, administrators, and representatives, in the event of my death or incapacity; **and**
- 4. ANY RIGHTS, DUTIES AND OBLIGATIONS** as between the parties to this Release of Liability shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction. In agreeing to this Release of Liability I am not relying on any oral or written representations or statements made by the Organizers with respect to the safety of an Overnight or Backpacking Trip, other than what is set forth in this document.

Signature of Parent or Guardian _____

Signature of Minor Child _____

Name of Minor Child (please print) _____

Phone Number _____

Emergency Contact _____

Emergency Number _____

Date Of Signing _____