

Warning: By signing this, you give up the right to sue.

Release of Liability, Waiver of Claims and Assumptions of Risk

TO: Northern lights College

In consideration of Northern Lights College granting me the privilege of participating in the activity below, I agree to this release of claim, waiver of liability, and assumption of risks (hereinafter referred to as "this Release").

Activity _____

Date(s) _____

Duration _____

I waive any and all claims I may have against, and release from all liability and agree not to sue, Northern Lights College and its officers, employees, agents and representatives (hereinafter referred to as "its staff") for any personal injury, death, property damage, or loss sustained by me as a result of my participation in the activity named above arising out of any cause whatsoever including, but not limited to, negligence on the part of Northern Lights College and its staff. I am aware of all the dangers and risks inherent in the particular activity including, but not limited to, the following:

- 1.
- 2.
- 3.
- 4.

In entering into this release, I am not relying upon any oral or written representations or statements made by Northern Lights College or its staff, including those in brochures, calendars, or promotional material issued by Northern Lights College, to induce me to undertake this particular activity.

I confirm that I have read and understand this release prior to signing it, and agree that this release will be binding upon me, my heirs, next of kin, executors, administrators and assigns.

I agree that this release is to be interpreted pursuant to the laws of the Province of British Columbia and I understand that if I have any questions regarding this waiver of rights, I should consult a lawyer prior to signing this release. I acknowledge that at any time, Northern Lights College may refuse to allow participation to any persons who are a hazard to themselves and/or other participants involved in the activity.

Signature of Participant _____ Date: _____

Address of Participant _____

Signature of Witness (parent/guardian if under age 19) _____

Print Name _____ Date _____