



# Waiver of Liability

2022-08-25

## For Adults

### Waiver of Liability & Assumption of Risk for Members and Participants Over The Age of Majority

Participants must agree to and initial paragraphs 1 – 5 (in the box adjacent to the statement) and sign this agreement before participating in any Canoe Kayak New Brunswick (CKNB) activity.

**WARNING: This Agreement will affect your legal rights, including the right to sue. Read carefully.**

Initial		In consideration for the opportunity to participate in any Canoe Kayak New Brunswick (CKNB) activity, I HEREBY ACKNOWLEDGE, APPRECIATE AND AGREE THAT:
	1	I assume all risk and release and hold harmless Canoe Kayak New Brunswick, Canoe Kayak New Brunswick Instructors, Canoe Kayak New Brunswick Instructor-Trainers and their officers, directors, employees, representatives, agents, volunteers, premises and vessels (collectively, the "Releasees") from any legal or equitable claims, demands, debts, lawsuits or causes of action that I, my estate, heirs, survivors, executors or assigns may have had in the past, have now or may have in the future for <b>any and all injury, disability, death, loss or damage to person or property, howsoever caused, including but not limited to the risks described in paragraphs 3, 4 and 5 of this Agreement, or by negligence, gross negligence, breach of contract or breach of any duty imposed by the common law or statute.</b>
	2	By entering into this Agreement, I am not relying on any oral or written representations made by the Releasees, other than what is set out in this Agreement. This Agreement is the entire agreement on liability between the Releasees and the signing party (" <b>Releasor</b> "). No other terms may be incorporated into this Agreement. If any provision of the Agreement is found to be unenforceable, the remaining terms shall be enforceable. Litigation arising from this Agreement will be commenced in the province/territory in which the activity was undertaken.
<b>Hazards and risks associated with Paddlesports or Canoe Kayak New Brunswick Courses</b>		
	3	Risk of injury from the activity and equipment utilized in paddlesports, swimming, and related land or water activities is significant and includes the potential for broken bones, drowning, injuries related to exposure to natural elements, contagions and man-made pollutants, severe injuries to the head, neck, and back, or other bodily injuries that may result in permanent disability or death.
	4	Potential causes of injury include, but are not limited to rolling over or sinking of a vessel, whether intentional or unintentional; water hydraulics, rapids, currents, swells, waves, water/wetness, debris, cold weather, cold water, lightning or other natural forces; camping, animal attacks, portaging or other similar activities; my own negligence or the negligence of others, including that of the Releasees, which may include misjudgements of terrain, rapids, weather or route choice.
	5	<b>Potential causes of illness include but are not limited to</b> , partner rescue, first aid situations, an unplanned closing of physical distancing caused by situations listed in section 4 or other similar activities; my own negligence or the negligence of others, including that of the Releases, which may include misjudgments of terrain, rapids, weather or route choice.
	6	<b>I understand that this description of potential risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.</b>

I confirm that I have had sufficient time to read and understand this waiver in its entirety, and have agreed to the terms freely and voluntarily without inducement. I understand that this waiver is binding on me, my heirs or assigns, and my legal representatives.

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (Y/M/D) \_\_\_\_\_

Address \_\_\_\_\_ City / Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_

Participant's Email \_\_\_\_\_ Witness Name \_\_\_\_\_ Witness Signature \_\_\_\_\_

Age:  19 – 25     26 - 40     41-55     56-70     70+

**If you have any relevant medical conditions, please describe them on the back of this page and inform the Activity Leader.**