

The British Columbia Conservation Foundation
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY

TO: THE BRITISH COLUMBIA CONSERVATION FOUNDATION

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

ASSUMPTION OF RISKS

I am aware that volunteering in the activities of the field projects with the British Columbia Conservation Foundation involves risks, dangers and hazards associated with field biology including, but not limited to: accidents associated with travel to and from the research area and between field sites; accommodation; injuries associated with working in managed and unmanaged forests of all ages and types; drowning and other water related accidents; allergic reactions; poisonous plants; hypo- and hyperthermia; infectious viral, bacterial and fungal diseases; and risk of attack from wild and domestic animals. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting there from. I am aware that The British Columbia Conservation Foundation carries accidental death and dismemberment insurance coverage for volunteers.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of The British Columbia Conservation Foundation permitting me to volunteer in the activities of the field projects and permitting my use of project vehicles, equipment, facilities and services I hereby agree as follows:

1. **To waive any and all claims** that I have or may in the future have against The British Columbia Conservation Foundation, their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as “**the Releasees**”) and **to release the Releasees** from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my volunteering in the activities of the field projects due to any cause whatsoever **including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, C .337, ON THE PART OF THE RELEASEES;**

2. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
3. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia; and
4. Any litigation involving the parties to this Agreement shall be brought within the Province of British Columbia.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I have read and understand this Agreement and am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the releasees.

Signed this _____ day of _____, _____.

Signature of volunteer

Please Print Name Clearly

Signature of Parent/Guardian if volunteer under 19

Witness

Please Print Name Clearly

This Agreement must be completed in full, signed, dated and witnessed before volunteering in the activities of the field projects can begin.