



ECHEN Healing Society

1920 Brownmiller rd.

Quesnel BC V2J 1S6

Phone 250 992 0614

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT for FIELD TRIPS or EXCURSIONS

Parent Name _____ Course/Program: _____

Children Name _____

I am aware that during program calendar field trips or excursions (the "Excursions") in which I am, and my child/children is/are participating under the arrangements of the ECHEN Healing Society (EHS), certain risks and dangers may exist,

including but not limited to the hazards of travelling, accidents, or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile, or other means.

I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from our participation in the Excursions/Field trips.

I, for myself, my heirs, children, next of kin, executors, administrators and assigns agree to hereby release and forever discharge EHS, its owners, employees, volunteers, servants and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of our participation in the program. I also acknowledge that EHS does not carry accident or injury insurance for my benefit and that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct.

I acknowledge and agree not to ask EHS, its owners, employees, volunteers, servants and agents to accept the consequences thereof and agree to indemnify EHS, its owners, employees, volunteers, servants and agents from any claims or demands which might be made against EHS, its owners, employees, volunteers, servants and agents arising out of or as a result of my own conduct.

If circumstances arise which EHS, in its sole discretion considers to be an emergency, I authorize EHS to disclose any of my personal medical, health or contact information, as appropriate.

I declare that I have read and understood the above **RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT for FIELD TRIPS or EXCURSIONS** in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators, and assigns may have against EHS, its owners, employees, volunteers, servants, and agents.

Date _____

Parent Signature _____

Witness Signature _____ Witness Name _____

"I acknowledge that I live, Work Play, Create on the traditional territory of the Southern Dakelh Nations and I would like to respectfully acknowledge our ?Esdilagh, Metis and Inuit Partners who have lived on and care for these lands for generations."