

**ATLANTIC CANADA NATURE SAFARIS
RELEASE OF LIABILITY AND ASSUMPTION OF RISKS
WAIVER FORM**

*Please read carefully before signing.
This is a legally enforceable waiver of rights*

I acknowledge that I have voluntarily applied to participate in the trip designated on the accompanying registration form with the Knowledge of the inherent risks and dangers involved, including but not limited to: physical exertion for which I am not prepared; forces of nature; travel, whether in remote areas and by plane, train, auto, boat or other conveyance, or on bicycle, ski, horseback, by foot, or other form of active or adventure travel; consumption of alcoholic beverages; civil unrest; terrorism; defects in vehicles; breakdown of equipment; accident or illness without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical attention once provided; or negligence (but not the willful or fraudulent conduct) on the part of Atlantic Canada Nature Safaris, its owners, employees, officers, agents or others. I acknowledge that the enjoyment and excitement of adventure travel is derived in part from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work and that these inherent risks contribute to such enjoyment and excitement.

I hereby agree to be responsible for my own welfare, and accept any and all risks of delay, unanticipated events, illness, injury, emotional trauma or death, and further agree to release and discharge Atlantic Canada Nature Safaris and its owners, agents, and employees from and against any and all liability arising from my participation in the trip.

I understand and agree that this release shall be binding upon me personally, all members of my family, and minors travelling with me, my heirs, successors, assigns, and legal representatives.

I understand that Atlantic Canada Nature Safaris reserves the right to photograph or film all trips, and agree that it may use any such records for promotional or commercial purposes.

I have carefully read and fully understand the legal ramifications of this document and sign it of my own free will.

REGISTERED ADULT

Name: _____

Signature: _____

Date: _____

REGISTERED MINOR

Name of Minor: _____

Signature of Parent or Guardian: _____

Date: _____

Send this form along with the **Registration Form** to:

**Atlantic Canada Nature Safaris
5665 Livingstone Street
Halifax NS B3K 2C2**

Phone: (902) 499 - 4114