Strathcona Wilderness Institute

Activity Register & Liability & Indemnity Waiver

Activity.....

Date of Activity ..... Leader .....

I, the undersigned activity participant, acknowledge that I am in good health and that I am participating in the activity named above on my own volition.

I further acknowledge that the following factors can cause or contribute to the inherent risks and hazards of this activity:

- poor or inadequate physical fitness;
- inappropriate or inadequate clothing or equipment;
- failure to exercise good judgment or to pay due care and attention.

I agree to assume all such risks and hazards, and to bear all costs of rescue and medical treatment rendered to me or for my benefit, arising from the above named activity.

I further agree to stay with the group and to follow the leader's instructions while participating in the above named activity.

I hereby absolve and hold blameless the Strathcona Wilderness Institute, its executive directors and the volunteer leaders, from all liability and indemnity for any injury or death incurred by me, or any damage or loss of my equipment resulting from the above named activity.

	Name of Activity Participant (Please Print)	Signature	Phone number of close friend or relative	Date/time check in at end of Activity
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	Name of Activity Participant (Please Print)	Signature	Phone number of close friend or relative	Date/time check in at end of Activity
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Note to activity leader. Please return waiver form to the SPWC on completion of activity.