

WAIVER OF CLAIM AND DAMAGES

Dive Brockville Adventure Centre, 12 Water Street East, Brockville, Ontario, K6V 1A1
613-246-3541 www.divebrockville.com

1. Dive Brockville Adventure Centre and Abucs scubA Group Inc. will have no responsibility or liability to me or my heirs, dependants, executors or administrators, in respect to any injury, loss or damage whatsoever suffered by me from any kayaking, canoeing, bicycling, swimming, mermaid experience, snorkeling, or any other activities even if occasioned by the negligence of the Dive Brockville Adventure Centre and Abucs scubA Group Inc., its directors, officers, servants, agents or anyone engaged in those same activities there from and accordingly any trip taken by me, including, without limitation entering thereon, traveling thereon, alighting thereon and conducting activities there from, is undertaken by me completely at my own risk.
2. I will not, while participating in kayaking, canoeing, bicycling, swimming, mermaid experience, snorkeling, or any other activities undertaken by me thereon or there from, conduct myself in any way which presents, or is likely to present any damage or nuisances to the environment or others.
3. I understand the above mentioned adventure activities have risks which I have considered as acceptable and agree to follow the rules regarding the conduct established by Dive Brockville Adventure Centre and Abucs scubA Group Inc., who will have no responsibility or liability to me or my heirs, dependants, executors or administrators, in respect to any injury, loss or damage whatsoever suffered by me arising from any activities, even if occasioned by the negligence of the Dive Brockville Adventure Centre and Abucs scubA Group Inc., its directors, officers, servants, agents or anyone engaged in those same activities there from and accordingly any trip taken by me, including, without limitation entering thereon, traveling thereon, alighting thereon and conducting activities there from, is undertaken by me completely at my own risk.
4. I further understand the above mentioned adventure activities may be photographed by Dive Brockville Adventure Centre and Abucs scubA Group Inc., or its representative and retains copyright in the photographs, and that I understand that any and all proofs, sample prints and negatives or digital format remain the property of Dive Brockville Adventure Centre and Abucs scubA Group Inc., and may use the images in any media for any purpose which may include, among others, advertising, promotion, marketing, packaging, display and/or gallery shows for any product or service. I agree that the images may be combined with other images, text and graphics and cropped, altered or modified without compensation to the models or persons shown in the images.
5. I have read the foregoing waiver of claim and damages, fully understand the contents thereof and have received a true copy thereof.

Signed: _____ Date: _____

Emergency Contact Telephone #: (_____) _____ Contact Name: _____

Please include your email so photos can be sent to you:

(Please Print) _____

Parental Or Guardian Consent

I, the undersigned, the parent or guardian of the above participant, in consideration of Dive Brockville Adventure Centre and Abucs scubA Group Inc. providing services for which he/she, who has not attained the age of majority, is participating in, for the purposes referred to and contemplated above HEREBY AGREE

1. To indemnify and save harmless the Dive Brockville Adventure Centre and Abucs scubA Group Inc. from any claim of any nature or kind whatsoever which may be made against it by, or on behalf of the above named participant.
2. To indemnify and save harmless the Dive Brockville Adventure Centre and Abucs scubA Group Inc. from any damages of any nature or kind whatsoever arising from any action of or any claim brought or made by or on the behalf of the above named participant
3. I have read the foregoing indemnity agreement and fully understand the contents thereof.

Signed: _____ Date: _____

Print Name: _____

Relationship to the above participant: _____

Telephone #: _____

Address: _____