# RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

(hereinafter the "Release Agreement")

BY SIGNING THIS RELEASE AGREEMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF THE OCCUPIERS LIABILITY ACT OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT

PLEASE READ CAREFULLY!

INITIAL

Name	Last			First					
Address	Street				City			Prov/State	
	Country	Postal/Zip Code	Email (optional)			Date of Birth: Day / Month	/ Year	Age	

TO: SKEENA HELISKIIG INC. AND NORTHCOAST HELICOPTERS INC., MONASHEE HELICOPTERS LTD, INTERIOR HELICOPTERS LTD, QUANTUM HELICOPTERS LTD, CRAIG PATRICK ROY, BEAR CLAW LIMITED PARTNERSHIP, 0959497 B.C. LTD, GENE AND JOY ALLEN, LINDSAY F. – PATTY PAXTON EBERTS, HIS MAJESTY THE KING IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA and their respective directors, officers, employees, guides, agents, independent contractors, subcontractors, representatives, successors, assigns, other guests and all heliskiing participants (all of whom are hereinafter collectively referred to as the "Releasees").

#### **RENTAL AGREEMENT**

- 1. I accept full responsibility for the care of the rental equipment ("the Equipment") listed on this form and I agree to pay for any damage to the Equipment and replace at full retail value any Equipment not returned by the agreed date.
- 2. I am familiar with the proper use of the Equipment. I understand that the rental technicians are able to answer questions I may have as to the proper use of the Equipment.
- 3. [SKIERS ONLY] I have made no misrepresentation in regard to my height, weight, age or skier type. (This information is required in order to properly adjust the ski boot/binding settings). I agree to verify that the settings appearing in the visual indicator windows on the bindings correspond with the settings to be recorded on this form.

#### **ASSUMPTION OF RISKS**

I am aware that alpine skiing, telemark skiing and snowboarding involve risks, dangers and hazards and that injuries are a common and ordinary occurrence in these sports.

**ALPINE SKIING** I understand that the ski boot/binding system may not release during every fall or may release unexpectedly. The ski boot/binding system is no quarantee that the user will not be injured.

**SNOWBOARDING/TELEMARK SKIING** I understand that the snowboard boot/binding system and some telemark boot/binding system are not designed or intended to release and will not release under normal circumstances. I understand that as the boot/binding system is a non-release system, this system will not reduce the risk of injury during a fall and will increase the risk of not surviving an avalanche. The use of safety strap or retention device by snowboarders or telemark skiers without ski brakes will also increase the risk of not surviving an avalanche.

I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE USE OF THE FOUIPMENT.

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the rental of the Equipment, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE RELEASEES and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in wilderness activities, 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. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN WILDERNESS ACTIVITIES;
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in wilderness activities;
- 3. This Release 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;
- 4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of British Columbia and no other jurisdiction; and
- 5. Any litigation involving the parties to this Release Agreement shall be brought solely within British Columbia and shall be within the exclusive jurisdiction of the Courts of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of wilderness activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS RELEASE 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. I ACKNOWLEDGE THAT THIS RELEASE AGREEMENT SHALL APPLY TO ALL FUTURE PARTICIPATION IN WILDERNESS ACTIVITIES.

Dated this day of	20	
Signature of Technician		Signature of Renter
Print name of Technician		Print Name of Renter

## Skeena Heliskiing Inc. Client Information and Equipment Rental and Release of Liability Form

### **Personal Information** First Name: Last Name: Street: (Mailing Address)\_\_\_\_ Postal/Zip Code: City: Country: Email Address: Home: \_\_\_\_\_ Skier Type: (Beginner, Intermediate, Expert): \_\_\_ **Emergency Contact Information** Relationship: \_\_\_\_ First Name: Last Name: Country: Main Contact Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_ **Medical History** Do you have any food allergies or special dietary requirements? Y \( \square\) N \( \square\) If YES, please list: \_\_\_ Are you allergic to any medications? $Y \square N \square$ If YES, please list: \_\_\_\_\_ Do you have any previous medical history that we should be aware of? Y $N \square$ If YES, please list: \_\_\_\_\_ Are you on any prescribed medications? Y ☐ N ☐ If YES, please list: I HAVE READ THE RELEASE OF LIABILITY & WAIVER AGREEMENT ON THE BACK OF THIS **FORM** I VOLUNTARILY AGREEMT TO THE TEMS OF THAT AGREEMENT USER'S INITIALS Technician details: Ski Poles: cm\_\_ Sole Length: mm \_\_\_\_\_ Boot Type: \_\_\_ Ski / Board used: \_\_\_\_\_ \_\_\_\_\_ Length: \_\_\_ (For SKI) D.I.N. Setting: Left Toe: \_\_\_\_\_ Right Toe: \_\_\_\_ Left Heel: \_\_\_\_ Right Heel: \_\_\_\_ \_\_\_\_\_ Technicians: Signature: Print Name: