

## Assumption of Risk and Release from Liability Agreement

I, \_\_\_\_\_, hereby acknowledge the hunting trip, fishing trip, sightseeing trip, camping trip, photography or other guided tour that I am participating in under the arrangements of Robson Valley Outfitters, it's employees, agents and associates, involves risks and dangers that are inherent to hunting and wilderness travel. Including, but not limited to hazards of travelling by motorized vehicle, on horseback, by airplane and by boats; hazards of carrying and being in possession of firearms and ammunition; hazards of being exposed to the elements of nature; hazards of being in areas where hunters are likely present; hazards of being and traveling in remote wilderness areas and hazards arising from accidents, acts of God, illness and forces of nature.

I further accept and assume all risks of personal injury or death or loss or damage to property while participating in the said guide excursion, including negligence of Robson Valley Outfitters and their employees, agents and associates.

I acknowledge that I have read the foregoing and understand that I am relinquishing any and all rights and that I, my heirs, executors and administrators might have against Robson Valley Outfitters and their employees, agents and associates and that I do so voluntarily.

I acknowledge that this Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed solely in accordance with the laws of British Columbia and no other jurisdiction; and any litigation involving the parties to this Agreement shall be brought solely within British Columbia and shall be within the exclusive jurisdiction of the Courts of British Columbia.

I acknowledge that in entering this Agreement, I am not relying on any oral or written representations or statements made by the Guide Outfitter with respect to the safety of wilderness travel.

I confirm that I have read and understood all parts of this Agreement prior to signing it.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Witness Signature: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Parent or Guardian (if client is under 19 years of age) \_\_\_\_\_