

Participant's Waiver

Event: Bishops House Walling Workshop

Date: June 1-2 2019

As a participant in the event, I _____ hereby acknowledge, affirm and represent as follows:

1. I understand and acknowledge that the event will take place both in and out-of-doors. I am aware of the potential risks associated with activities that take place out of doors, including, but not limited to the hazards of traveling in unfamiliar terrain, exposure to sun, rain, wind, unexpected temperature changes and other forces of nature; I am aware of basic safety rules for out-of-doors and dry stone walling activities. I will obey and follow any further safety information, instruction, or rules offered at the event.
2. I understand and acknowledge that the event will primarily involve instruction, physical work and demonstration in stone handling, cutting, stacking, moving and sculpting. I am aware of the inherent risks associated with these activities, including, but not limited to respiratory and musculoskeletal hazards. I am also aware of the inherent risks associated with handling hand tools and power tools. I will obey and follow any further safety information, instruction, or rules offered at the event.
3. I represent and affirm that I am in good health and I am physically fit and fully capable to participate in the event. I represent and affirm that I have no known allergies, heart problems, epilepsy, physical or mental disabilities, or any other medical condition that would place me or other participants at risk of harm or injury.
4. I understand that I am responsible for my own safety and that no one associated with the event shall serve as the guardian of my safety. I also understand that if I am to furnish any equipment or tools I use at the event that I am solely responsible for ensuring such equipment and/or tools are safe and in good operating condition.
5. In consideration of, and as part payment for, the privilege to participate in the event and any activities that take place in association with the event, I hereby assume full liability for all risks associated with my participation in the event and expressly release and hold harmless: The Dry Stone Walling Association of Canada, the event Organizing Committee, and their owners, operators, employees, and agents. I also waive indemnification from instructors and sponsors from any and all liability, action, causes of action, debts, claims, and demands of any kind and nature whatsoever which may arise out of or in connection with my participation in the event, including, but not limited to any occurrence which may result in injury, death, or other damages to me or any other person. I understand that the terms of this assumption of risk and release of liability shall also serve as an assumption of risk and release of liability for all members of my family (including minors accompanying me), my heirs, and assigns.
6. I represent and affirm that I am of the age of consent and that I am legally competent to sign this release of liability. I further represent and affirm that I have signed this release as my own free act.
7. I understand that the terms and contained in this release agreement are contractual and not recital. I further understand that this release agreement affects my legal rights and that I may contact an attorney of my choice before I sign this release agreement if I have any questions about how this release agreement affects my rights.
8. I fully informed myself of the content of this release agreement by reading it before I signed it.

Signed: _____

Name: _____

Date: _____