

**FRIENDS OF MACGREGOR POINT PARK**  
**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

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**The Event: Huron Fringe Birding Festival, May 24 – June 2, 2019**

The Friends of MacGregor Point (“The Friends”) want to make your experience at activities and events presented by the Friends at MacGregor Point Provincial Park enjoyable and safe. Before the Friends can allow you to participate in or attend the Event, the Friends require that you read our *Be Safe* document, the Huron Fringe Birding Festival Training Manual (volunteer/leader only) and complete this waiver and release of liability (“Release”) for each person who attends.

I hereby acknowledge that I have voluntarily applied to participate in the Event and that there are risks associated with the Event which may be known or unknown. By way of example, I may be exposed to hazardous conditions (such as inclement weather, uneven or slippery terrain, poisonous plants, roads, trails and pathways that are not regularly patrolled or inspected, vehicular accidents while traveling in the Park and to field trip destinations, among other risks). I understand that as a result of the known and unknown risks associated with the Event, I may experience damage to my property, physical injuries, bodily harm, illness or death.

In consideration of my being permitted to participate in the Event and by signing below:

1. I agree:
  - a. To accept all risks associated with the Event, both known and unknown;
  - b. To take full responsibility for my own actions, safety and welfare, and
  - c. To conduct myself in a manner that will not endanger me or other participants.
  
2. I, on behalf of myself, my heirs, next of kin, executors, legal representatives, successors and assigns, hereby release, discharge and hold harmless The Friends of MacGregor Point Park, its officers, directors, leaders, employees and volunteers from any and all losses, rights and claims for injury, loss, expenses or damage resulting from my participation in the Event or travelling to or from the Event and any other associated events or activities. I intend this Release to apply to all claims, regardless of whether founded in whole or in part on any negligent act or omission of any released party. I intend this Release to be as broad and inclusive as is permitted by the laws of the Province of Ontario, and if any portion of this Release is held invalid, I agree that the balance shall continue in full force and effect.

I confirm that I am in proper physical condition for participation in the Event and that if my physical condition changes so that it is not safe for me to continue participating, I will cease participation.

I acknowledge that photographs or video recordings (“Photos”) of participants may be taken during the Event and I hereby give the Friends, its assigns, licensees and legal representatives, the irrevocable right to use my name or any Photos taken of me in perpetuity for purposes of marketing, promotion and publicity in newsletters, newspapers, magazines, press releases, brochures, grant proposals, websites, electronic publications and other written or electronic materials without notice or compensation to me. Initial here \_\_\_\_\_

I confirm that I have read and understand the *Be Safe* document provided by the Friends. Initial here \_\_\_\_\_

As a volunteer/leader for the Event, which may involve my being a guide for participants of the Event, I acknowledge having received from the Friends and having read the Huron Fringe Birding Festival Training Manual. I understand my responsibilities as a Leader/Volunteer related to those whom I may be a guide for and related to myself as a volunteer/leader for the Event. Initial here \_\_\_\_\_

**I confirm that I have read and understood this Agreement prior to signing it and agree to its terms.**

Print name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Signature of Parent or Guardian if participant under 18 years of age

Witness \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone number \_\_\_\_\_