

Tour: _____
Starting Date: _____
Guide: _____

Timberwolf Tours Ltd.
Site 34, 51404 Range Road 264
Spruce Grove, Alberta
Canada T7Y 1E4



Name: _____

Address: _____

Telephone: _____

Please list any medical conditions and any medication you are taking:

Please list name and phone number of your doctor or other emergency contact:

Medical Insurance: _____ Travel Insurance: _____

WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

PLEASE READ CAREFULLY.

WARNING: BY SIGNING THIS AGREEMENT YOU GIVE UP THE RIGHT TO SUE FOR ANY INJURY OR DAMAGE HOWSOEVER CAUSED

To: Timberwolf Tours Ltd. (hereafter referred to as "The Company") and employees, representatives, officers and agents (hereafter referred to collectively as "The Company Employees").

I hereby sign this agreement on behalf of personal representatives, my heirs, assigns and myself.

1. I agree as a precondition for my being allowed to participate in my Adventure Tour and all related activities organized by "The Company" and conducted by "The Company", to be strictly bound by the terms of this Waiver, Assumption of Risk and Indemnity Agreement (hereinafter referred to as "This Agreement").
2. I acknowledge that Adventure Tours and all related activities involve **INHERENT RISKS** that may cause serious injury and possibly death to participants. I further recognize that this Adventure Tour and related activities involve **ADDITIONAL RISK AND DANGERS** among them slips and falls during hikes, cuts and burns while camping, injuries and drownings while canoeing or participating in other water activities.
3. I fully understand the risks and dangers associated with my participation in Adventure Tours and all related activities and **ACCEPT SAME ENTIRELY AT MY OWN RISK.**
4. I hereby **WAIVE ANY AND ALL CLAIMS** which I may have against "The Company" and "The Company Employees" and **RELEASE "The Company" and "The Company Employees" from ALL LIABILITY** for injury, death, property damage or any other loss sustained by me as a result of my participation in Adventure Tours and all related activities **DUE TO ANY CAUSE WHATSOEVER** including, without limitation, negligence on the part of "The Company" or the "The Company Employees". I further **AGREE TO INDEMNIFY "The Company" and "The Company Employees"** for any and all legal fees (on a solicitor and his own client bases) or costs which may be incurred in defending any lawsuit or claim I may bring against them.
5. I appreciate that This Agreement applies whether "The Company" is at fault or not and it limits the liability of "The Company Employees" to the same extents as it limits the liability of "The Company" even though "The Company Employees" are not formal parties to "This Agreement". I understand that "The Company" in securing execution of "This Agreement" by myself is acting as agent or trustee on behalf of or for the benefit of "The Company Employees" who shall to this extent be or be deemed to be parties to "This Agreement".

I HAVE READ AND UNDERSTOOD THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE 'THE COMPANY' OR 'THE COMPANY EMPLOYEES' AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

Print Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

If under 18 years of age:

Parents name: _____ Signature: _____ Date: _____