



Inside Out Experience Inc.

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, LOSS OR DAMAGE HOWSOEVER CAUSED.

This form must be completed in full

Inside Out Experience Inc. (hereinafter referred to collectively as “The Company”) and employees, representatives, officers and agents (hereinafter referred to collectively as “The Company Employees”).

I,

First Name:	Last Name:
Address:	City:
Province/State/Country	Postal/Zip Code:
Email Address: if you would like our newsletter	Date of the Activity:

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

1. I agree as a precondition to my participation in rafting, hiking, horseback riding, mountain biking, team learning, rewards programs, all first aid programs, winter activities packages and related activities organized by “The Company” and conducted by “The Company” and /or “The Company Employee’s”, and in further consideration of “The Company” allowing me to do so, 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 rafting, hiking, horseback riding, mountain biking, team learning, rewards programs, all first aid programs, winter activities packages and related activities involve **INHERENT RISKS** that may cause serious injury and possibly death to participants. I further recognize that rafting, hiking, horseback riding, mountain biking, team learning, rewards programs, all first aid programs, winter activities packages and related activities involve **ADDITIONAL RISKS AND DANGERS**.
3. I fully understand the risks and dangers associated with my participation in rafting, hiking, horseback riding, mountain biking, team learning, rewards programs, all first aid programs, winter activities packages and 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 Employee’s” and **RELEASE** “The Company” and “The Company Employee’s” from **ALL LIABILITY** from injury, death, property damage or any other loss sustained by me as a result of my participation in this rafting, hiking, horseback riding, mountain biking, team learning, rewards programs, all first aid programs, winter activities packages and related activities, **DUE TO ANY CAUSE WHATSOEVER** including, without limitation, negligence on the part of “The Company” and “The Company Employee’s”. I further **AGREE TO INDEMNIFY** “The Company” and “The Company Employee’s” for any and all legal fees (on a solicitor and his own client basis) 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 ability the “The Company Employee’s” to the same extent as it limits the liability of “The Company” even though “The Company Employee’s” 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 Employee’s”, who shall to this extent be or be deemed to be parties to This Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE “THE COMPANY” OR “THE COMPANY EMPLOYEE’S” AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.

Some Photographs may be used for Promotional Purposes.

Signed this _____ day of _____ 20_____

Signature of Participant: _____

Signature of Witness: _____

Signature of Witness Signature of parent or guardian if under 18: Age of minor _____

This Agreement must be completed in full, initialed, dated, signed and witnessed prior to activities.