



Atlantic Chapter

ACKNOWLEDGEMENT, RELEASE AND CONSENT

I _____ understand and acknowledge that there is some inherent risk associated with taking part in a Field Trip, including personal injury and property damage;

In consideration for the opportunity to participate in the Field Trip I agree, on my own behalf and on behalf of my heirs, executors, administrators and assigns, to waive any and all claims against, and to release, indemnify and hold harmless the Canadian Land Reclamation Association (CLRA) and its successors, assigns, subsidiaries, affiliates, related corporations, agents, employees, directors, officers and contractors, both past and present, from any claim or liability of any nature resulting from my participation in the Field Trip, including, without limitation, any claim or liability relating to property damage or personal injury to myself or any other person;

In case of any accident or illness, I give permission to any staff or other volunteer of CLRA or their respective affiliates or any authorized representative thereof to seek any medical attention or treatment deemed necessary by such individual for me and I hereby release and waive, as against CLRA and their respective affiliates, members, directors, officers, leaders, agents, independent contractors, volunteers and/or employees or their authorized representative from any and all actions, causes of actions, suits, claims, demands or expenses that I may have as a result of or in connection with such accident or injury or as a result of or in connection with such medical attention or medical treatment administered in connection therewith, and I will further indemnify and save them harmless from any and all costs, liabilities, expenses, claims, causes of action, suits or demands incurred by them made or taken against them as a result of, connected with or relating to such accident or illness and the medical attention or treatment administered in connection therewith

I also consent to the collection by CLRA of my personal information given below for the purpose of contact if needed as result of participating in the Field Trip.

I acknowledge that I have read and understand this Acknowledgement, Release and Consent and I agree to be legally bound by its terms.

Date _____

Witness

Signature

Emergency Contact Name: _____

Emergency Contact No: _____