

AUTUMN OLIVE GAME PRESERVE

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ THIS DOCUMENT CAREFULLY.

INITIAL

I, _____, of _____

Full Name

Apt and Street

_____, _____, _____, _____

City

Province

Postal Code

Birthdate dd/mm/yy

acknowledge and agree that in consideration of being permitted to participate in hunting organized, staged and/or operated by Andrew McCallum (hereinafter referred to as "Autumn Olive Game Preserve")

1. I DO HEREBY RELEASE Autumn Olive Game Preserve and its directors, officers, employees, sponsors, independent contractors and agents from all liability, and DO HEREBY WAIVE as against Autumn Olive Game Preserve and its directors, officers, employees, sponsors, independent contractors and agents all recourses, proceedings, claims, and causes of action of any kind whatsoever, in respect of any and all personal injuries or property losses which I may suffer arising out of or connected with my preparation for, or participation in hunting notwithstanding that such injuries or losses may have been caused solely or partly by the negligence or breach of duty of Autumn Olive Game Preserve, or any of their directors, officers, employees, sponsors, independent contractors or agents.

2. I HEREBY ACKNOWLEDGE AND AGREE THAT:

- Hunting may be dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of hunting itself, others which result from human error and negligence on the part of the persons involved in organizing, staging and/or operating the hunting;
- as a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss;
- some of the aforesaid risks and hazards are foreseeable, but others are not;
- I nevertheless freely and voluntarily assume all the aforesaid risks and hazards, and that, accordingly, my preparation for, and participation in hunting shall be entirely at my own risk;
- I understand that neither Autumn Olive Game Preserve nor any of its directors, officers, employees, sponsors, independent contractors or agents assume any responsibility whatsoever for my safety during the course of my preparation for or participation in hunting;
- I have carefully read this RELEASE and WAIVER of LIABILITY AND ASSUMPTION of RISK AGREEMENT (the "Agreement"), that I fully understand same, and that I am freely and voluntarily executing same;
- I clearly understand that by signing this Agreement I will be FOREVER PREVENTED FROM SUING OR OTHERWISE CLAIMING against Autumn Olive Game Preserve, its directors, officers, employees, sponsors, independent contractors and agents for any loss or damage connected with any property loss or personal injury that I may sustain while participating in or preparing for hunting, whether or not such loss or injury is caused solely or partly by the negligence of Autumn Olive Game Preserve or any of its directors, officers, employees, sponsors, independent contractors and/or agents;
- I have been given the opportunity and have been encouraged to seek legal advice prior to signing this Agreement;
- I clearly understand that Autumn Olive Game Preserve would not permit me to participate in hunting unless I signed this RELEASE and WAIVER of LIABILITY AND ASSUMPTION of RISK AGREEMENT, that this RELEASE and WAIVER of LIABILITY AND ASSUMPTION of RISK AGREEMENT applies to hunting whether occurring in the near or distant future, and that the terms of this Agreement have been explained to me by Autumn Olive Game Preserve or one or more of their representatives;
- this RELEASE and WAIVER of LIABILITY AND ASSUMPTION of RISK AGREEMENT is binding on myself, my heirs, my executors, administrators, personal representatives and assigns;
- this Agreement may be in addition to another agreement I must sign as a condition of participation in hunting and that I am bound by the terms and conditions of both agreements; and
- I agree that I am physically capable of participating in hunting, and that I have no preexisting conditions that would hinder my ability to participate in hunting.

Participant Name _____ *PLEASE PRINT* Witness Name _____ *PLEASE PRINT*

Participant Signature _____ Witness Signature _____

Date dd/mm/yy _____

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

Your signed Agreement will remain in effect throughout the Operating Season (September 1st through to April 30th)