

# REEL NORTH ADVENTURES

GOING FURTHER

## ASSUMPTION OF RISK & RELEASE FROM LIABILITY AGREEMENT

I, \_\_\_\_\_, hereby acknowledge the fishing trip, sightseeing trip, camping trip, photography trip, foraging trip, hiking trip, or other guided tour that I am participating in under the arrangement of Reel North Adventures, its employees, agents, and associates, involves risks and dangers which are inherent to fishing and wilderness travel. This includes but is not limited to hazards of travelling by motorized vehicle, by airplane, by ATV, by snowmobile, by kayak and canoe, and by boats; any associated hazards of being in proximity to firearms and ammunition; hazards of being exposed to the elements of nature; hazards exposed to being around water; hazards associated with crossing moving water, hazards of being in areas where hunters or fisherman are likely to be present; hazards of being and travelling in remote wilderness areas and hazards arising from accidents, acts of god, illness, and force of nature.

I further accept and assume all risk of personal injury or death or loss or damage to property while participating in the said guided excursion, including negligence of Reel North Adventures and their employees, agents, and associates and that I do so voluntarily.

I acknowledge that this agreement and any rights, duties, and obligations as between the parties to this agreement shall be governed solely in accordance with the laws of the Province or Territory of Canada which these events occur and no other jurisdiction; and any litigation involving the parties to this agreement shall be brought solely within that Province or Territory of Canada and shall be within the exclusive jurisdiction of their courts.

I acknowledge that in entering this agreement, I am not relying on any oral or written representations or statement made by the guide outfitter with respect to the safety of wilderness travel.

I confirm that I have read and understood all parts of this agreement prior to signing it.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

CLIENT SIGNATURE: \_\_\_\_\_ WITNESS SIGNATURE: \_\_\_\_\_

Clients Name (print): \_\_\_\_\_ Witness Name (Print): \_\_\_\_\_

Clients Adress: \_\_\_\_\_ Witness Adress: \_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_  
(if client is under 18 years old)