



## **PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK FOR PROJECTS WITH AN ELEMENT OF HIGH RISK**

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***READ THIS DOCUMENT THOROUGHLY.  
IT MUST BE SIGNED, WITNESSED AND DATED  
IN ORDER FOR YOU TO PARTICIPATE.***

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In consideration of my participation in any **Calgary Bird Banding Society** banding project(s) (hereinafter referred to as "the Project"), I agree to and acknowledge the following:

- I have met all of the prerequisites required for participation in the Project.
- I will abide by the rules and regulations imposed on participants in the Project.
- I freely and voluntarily acknowledge and assume any and all risks and hazards inherent to the Project including personal injury and all nature of accidents incurred while travelling to or from any CBBS project sites and accordingly my **participation in the Project is entirely at my own risk.**
- I agree that any loss or damage to my personal property is solely my risk and responsibility.
- I waive any claim I may have against the Calgary Bird Banding Society (hereinafter referred to as "the CBBS"). I will indemnify and save harmless the CBBS members for any claim, except for negligence on the part of the CBBS.
- In the event that I am injured and unable to make appropriate decisions for myself, the CBBS may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health, welfare and safety and I shall be financially responsible for such advice and services.
- I have read carefully this Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk as well as the CBBS document entitled "General Information for Members" and fully understand them and am freely signing this waiver.
- I will advise Banders-in-Charge at CBBS project sites of any pre-existing health conditions which may place me at risk while at the site.

Dated at Calgary, Alberta this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
(Surname of Participant, please print) \_\_\_\_\_ (First name, please print) \_\_\_\_\_ (Participant Signature)

\_\_\_\_\_  
(Surname of Witness, please print) \_\_\_\_\_ (First name, please print) \_\_\_\_\_ (Witness Signature)