_____PARTICIPATION

WAIVER AND INDEMNITY

WAIVER OF CLAIM

As a condition of my participation in the _____to be held at _____ from_____20__ to_____20 __, I_____, for myself, my heirs, executors, administrators and assigns, WAIVE any claims to which I may become entitled for loss, damage, or injury and release Nova Scotia Prospectors Association and Dept. of Natural Resources, its agents, servants and employees from any claims for loss, damage or injury suffered to my person and/or my property incurred while attending at or participating in the _____.

ASSUMPTION OF RISK

I acknowledge that I have been briefed about safety matters and possible sources of risk associated with the _____such risks may include but are not limited to: walking through brush, working in the area of cliffs, climbing slopes and avoiding pits/trenches. I understand that I can decide not to attend some of the activities or stops on a _____. That I have read and understand to practice as defined in the publication Nova Scotia Natural Resources, Minerals and Energy Branch Information Circular 55, SAFE WORK METHODS HANDBOOK August 1997. I further state that I am in proper physical condition to participate in the _____and am aware that participation could, in some circumstances, result in physical injury or property loss or damage. I agree to assume all risk for injuries to myself or my property that may result in my participation in the _____ and acknowledge that no representations as to the conditions, nature or hazards of the _____ have been made to me by Nova Scotia Prospectors Association, its servants, agents and employees.

INDEMNITY

I further agree to indemnify Nova Scotia Prospectors Association and Dept. of Natural Resources, its servants, agents and employees from any claims and demands that may be made against Nova Scotia Prospectors Association, its servants, agents and employees rising out of or in consequence of my attendance at/or participation in the _____.

ACKNOWLEDGEMENT OF PARTICIPANT

By signing this Document, I acknowledge having read and agreed to the above.

_____
Signature

_____
Name of Participant

_____
Street City Province

_____
Postal Code Telephone No. Date