

NSPA PARTICIPATION WAIVER AND INDEMNITY

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