



## ASSUMPTION OF RISK and RELEASE FROM LIABILITY AGREEMENT

I, \_\_\_\_\_, hereby acknowledge the fishing trip, sightseeing trip, or other guided tour that I am participating in under the arrangement of Classic Fly Fishing 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, on horseback, by airplane and by boats; hazards of being exposed to the elements of nature; hazards of being and travelling in remote wilderness areas and hazards arising from accidents, acts of God, illness and forces of nature.

I further accept and assume all risks of personal injury or death or loss or damage to property while participating in the said guided excursion, including negligence of Classic Fly Fishing 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 of Alberta, 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\_\_\_\_\_.

### WITNESS SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_ Name (please print)

\_\_\_\_\_ Address

### CLIENT SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_ Name (please print)

\_\_\_\_\_ Address

Signature of Parent of Guardian \_\_\_\_\_ (if client is under 19 years of age)