



2011 DAVID THOMPSON COLUMBIA BRIGADE
200 YEARS • MANY NATIONS • ONE RIVER BASIN
Invermere, British Columbia to Astoria, Oregon
June 1, 2011 to July 16, 2011
www.2011brigade.org

Box 517
Invermere, BC
Canada V0A 1K0
registrar@2011brigade.org

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

IN CONSIDERATION of being permitted to participate in any way in any event related to the 2011 Thompson Columbia Brigade ("Activity") at any time; I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning society, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

Individual Legal Release

info@2011brigade.org



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I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Name (please print): _____

Participant's Signature: _____

Participant's Address: _____

Signature of Parent or Guardian if Participant is under 18 yrs old:

Date: _____

- Please be advised that you have a "duty of care" to become suitably informed on skills and abilities needed to participate in a long canoe expedition such as you are wanting to participate in.

Please send this completed release form to:

2011 Thompson Columbia Brigade Society
Box 517
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Individual Legal Release

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PERSONAL INFORMATION RELEASE FORM

I hereby grant the 2011 Thompson Columbia Brigade and/or its designees permission to use and publish my name, where I am from, brief biographical information and digital photos or digital video clips in which I appear without incurring any debts or liabilities of any kind.

In signing below I acknowledge that I have read, fully understand and agree to the terms and conditions stated herein.

Participant's Name (please print): _____

Participant's Signature: _____

Participant's Address: _____

Signature of Parent or Guardian if Participant is under 18 yrs old:

Date: _____

- Please be advised that you have a “duty of care” to become suitably informed on skills and abilities needed to participate in a long canoe expedition such as you are wanting to participate in.

Please send this completed release form to:

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Personal Information Release

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