



RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISKS

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO
SUE OR CLAIM COMPENSATION. PLEASE READ CAREFULLY!

In consideration of the British Columbia Society of Landscape Architects ("BCSLA") permitting the individual named below ("I") to participate in the BCSLA guided walking tour (the "Walking Tour"), and for other good and valuable consideration, I agree to all the terms and conditions set forth in this agreement (this "Agreement").

I am aware and understand that my participation in the Walking Tour is voluntary. I am aware of the risks, dangers and hazards involved in my participation in the Walking Tour. I understand that the Walking Tour takes place in public venues under conditions largely beyond the control of BCSLA. Potential risks may include, but are not limited to, uneven walking surfaces, potholes, raised path edges, wet or slippery ground, steps, curbs, low lighting, narrow walkways, traffic movement, road crossings, diversions due to construction or exposure to weather conditions.

I freely accept and fully assume any and all of the risks, dangers, and hazards involved and the possibility of any liability, injury, loss or damage in any way connected with my participation in the Walking Tour.

I hereby expressly waive and release any and all claims which I have or may in the future have against BCSLA, and its affiliates, directors, representatives, and volunteers (collectively, "Releasees"), on account of injury, property damage, or death arising out of or attributable to my participation in the Walking Tour, due to any cause whatsoever, including without limitation the negligence of BCSLA or any other Releasee, or breach of any statutory or other duty of care owing under occupiers liability legislation or otherwise. I covenant not to make or bring any such claim against BCSLA or any other Releasee, and forever release and discharge BCSLA and all other Releasees from liability under such claims.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY WAIVING SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE BCSLA AND THE RELEASEES.

Participant (Print Name) _____ Date _____

Signature (Please Sign – Do Not Type) _____

Address _____

Name of Emergency Contact _____

Phone Number of Emergency Contact _____

The BCSLA offices are located on unceded Coast Salish territories of the xʷməθkʷəyəm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətaʔ (Tsleil-Waututh) First Nations. We recognize and respect the history, languages, and cultures of the First Nations, Métis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our organization, our lives and our country.