



Box 1235, Mackenzie BC, V0J 2C0

**ASSUMPTION OF RISK
and**

RELEASE FROM LIABILITY AGREEMENT

I, _____, hereby acknowledge the hunting trip, fishing trip, sightseeing trip, camping trip, photography or other guided tour that I am participation in under the arrangement of Finlay River Outfitters Ltd., its employees, agents and associates, involves risks and dangers which are inherent to hunting 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 carrying and being in possession of firearms and ammunition; hazards of being exposed to the elements of nature; hazards of being in areas where hunters are likely to be present; 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 of loss or damage to property while participating in the said guided excursion, including negligence of Finlay River Outfitters Ltd. 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 British Columbia, 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.



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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:

CLIENT SIGNATURE:

Name (please print)

Name (please print)

Address

Address

Signature of Parent of Guardian _____

(if client is under 19 years of age)