



Canadian Society of Exploration Geophysicists ("CSEG")

PROGRAMS AND FACILITIES RELEASE / WAIVER OF LIABILITY 2012

WARNING: BY SIGNING THIS AGREEMENT YOU, AND YOUR PERSONAL REPRESENTATIVE, GIVE UP YOUR RIGHT TO SUE TO RECOVER COMPENSATION FOR ANY ACCIDENT, INJURY, LOSS OR DEATH TO YOURSELF OR ANY DAMAGE/LOSS TO YOUR PROPERTY ARISING OUT OF YOUR USE OF ANY OF THE FACILITIES AT THE DOODLESPIEL OR PARTICIPATION IN ANY OF THE CSEG'S PROGRAMS

I acknowledge that curling, and other activities associated with the CSEG's Doodlespiel including, but not limited to, the transportation (all modes or types) to events or activities (the "Activities") are inherently risky, hazardous, and have dangers that cannot be eliminated. I UNDERSTAND THAT THESE ACTIVITIES HAVE THE USUAL RISKS AND DANGERS INHERENT IN ANY SPORT AS WELL AS ADDITIONAL DANGERS AND RISKS, SOME OF WHICH MAY INCLUDE BUT ARE NOT LIMITED TO all manner of injuries and / or death from executing strenuous and demanding physical techniques, falling on the ice, being knocked down, or slipping on the ice, contact with other participants and failure in proper use of the curling equipment either by myself, fellow team members or my opponents.

(Initials: ____/____/____/____/____)

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: in consideration of approval to participate in the CSEG's Doodlespiel, I hereby agree as follows:

- Initials **TO WAIVE ANY AND ALL CLAIM** that I have or may in the future have against the CSEG, its directors, officers, employees and representatives, game officials, Doodlespiel committee members and volunteers, my team mates, and other players (all of whom are hereinafter collectively referred to as "Releases".
- Initials **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the Activities due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.
- Initials **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, or costs, any third party, resulting from my participation in this activity.

I confirm that I have read over this agreement before signing and that it will be binding not only on me but also on my heirs, executors, administrators, assigns, and personal representatives. Intending to be legally bound, I have signed this RELEASE AND WAIVER OF LIABILITY this ____ day of _____, 20____.

Signature of Participant	Please PRINT NAME clearly	Signature of Witness
Signature of Participant	Please PRINT NAME clearly	Signature of Witness
Signature of Participant	Please PRINT NAME clearly	Signature of Witness
Signature of Participant	Please PRINT NAME clearly	Signature of Witness
Signature of Participant	Please PRINT NAME clearly	Signature of Witness