



The Handi-Boat Society of Alberta Waiver Form

GROUP NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

DATE of VOYAGE: _____

WAIVER

In consideration of the Handi-Boat Society, agreeing to accept the undersigned as participant(s) in its alternative recreation program, for travel on its pontoon boat on the above date(s) [or alternate(s)] him/her or his/her legal guardian hereby agrees and covenants for him/herself and for his/her respective heirs, legal representatives and assigns to irrevocably bind him/herself from making claim or demand or to commence, cause or permit to be prosecuted any action in law or equity against The Handi-Boat Society of Alberta or any of its Directors, Employees, Sponsors, Servants, Agents or Subcontractors on account of any personal injury, failure to offer medical treatment, negligently applying medical treatment, disability, property damage, loss of services, expenses or any other damages of any kind that the below signed may sustain as a result of carriage on any craft of The Handi-Boat Society of Alberta. For their part, participants declare that they have been fully vaccinated (meaning final dose was administered at least three weeks prior to outing) against Covid 19.

PARTICIPANT NAME [print]

PARTICIPANT SIGNATURE

GUARDIAN NAME [print]

GUARDIAN SIGNATURE

Date: _____