

McKinnon & Co. Outfitters Inc.

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ASSUMPTION OF RISK & RELEASE FROM LIABILITY AGREEMENT

I, _____, hereby acknowledge the hunting trip, fishing trip, sightseeing trip, camping trip, photography or other guided tour that I am participating in under the agreement of McKinnon & Co. Outfitters, its employees, agents and associates, involves risks and dangers which are inherent to hunting and wilderness travel, including, but not limited to hazards of traveling 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 traveling in remote 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 loss or damage to property while participating in the said guided excursion, including negligence of McKinnon & Co. Outfitters and their employees, agents and associates.

I acknowledge that I have read the forgoing, and understand that I am relinquishing any and all rights and this I, my heirs, executors or administrators might otherwise have against McKinnon & Co. Outfitters 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 Alberta and no other jurisdiction; and any litigation involving the parties to this agreement shall be brought solely within Alberta and shall be within the exclusive jurisdiction of the courts of Alberta.

I acknowledge that in entering this agreement, I am not relying on any oral or written representations or statements made by the Guide Outfitter with respect to the safety of wilderness travel.

I confirm that I have read and understood all the parts of this agreement prior to signing.

Signed this _____ day of _____, 20_____.
(Month)

CLIENT SIGNATURE:

WITNESS SIGNATURE:

Signature

Signature

Name (please print)

Name (please print)

Signature of Parent or Guardian (if client is under 19 years of age): _____