

# Walleye Anglers Association of Manitoba

## Membership Application

Release of Liability, Waiver of Claims and Assumption of Risks &  
Indemnity Agreement

Membership #

*For association use  
only*

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

	First Name	Last Name	Signature (Parent's if under 18)
Primary Member			
Spouse/Significant Other			
Child (under 18 or school)			
Child (under 18 or school)			
Child (under 18 or school)			
Child (under 18 or school)			
Child (under 18 or school)			

Street Number	Street Name	City	Postal Code

Email Address	Phone Number	Alternate Number
	( ) -	( ) -
	( ) -	( ) -

### ASSUMPTION OF RISKS

I am aware that my participation in the Walleye Anglers Association of Manitoba activities involves many risks, dangers and hazards that are inherent to the nature of the activities. I freely accept and fully assume all such risks, dangers and hazards and the possibility of injury, death, property damage and loss resulting therefrom.

### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the WALLEYE ANGLERS ASSOCIATION OF MANITOBA accepting my application, I hereby agree to the following:

TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the WALLEYE ANGLERS ASSOCIATION OF MANITOBA, and its directors, officers, employees, agents, volunteers and representatives, (all of whom are hereinafter collectively referred to as "THE ASSOCIATION") and TO RELEASE THE ASSOCIATION 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 participation in association activities.

TO HOLD HARMLESS AND INDEMNIFY THE ASSOCIATION from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in the association activities, even if those arise from the *negligence, gross negligence* or *negligent rescue* by those associated in any way with THE ASSOCIATION.

(continued)

**MEDICAL/HEALTH/TRAVEL & PROPERTY INSURANCE**

**I AM SOLELY RESPONSIBLE** to select and purchase adequate medical/health insurance. No medical /health insurance will be provided by THE ASSOCIATION. In the event of medical/Health problem, THE ASSOCIATION accepts no responsibility for any costs associated with a medical/health problem nor will it pay for any medical/health expenses, which may be incurred by my membership and/or participation in association activities.

**I AM SOLELY RESPONSIBLE** to select and purchase adequate travel/property insurance when and if required. The association will provide no travel/property insurance. The travel/property insurance should provide adequate coverage against theft, personal accident, personal liability, repatriation and cancellation of tickets. The association accepts no responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by my membership in the association.

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity.

This agreement shall be governed by and interpreted in accordance with the laws of the Province of Manitoba.

Any litigation involving parties to this agreement shall be brought within the Province of Manitoba.

In entering into this agreement I am not relying upon any oral or written representations or statements made by THE ASSOCIATION other than what is set forth in the agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND REPRESENTATIVES MAY HAVE AGAINST THE ASSOCIATION.

**PARENTAL CONSENT**

I have read and understood the above waiver, release and indemnity, and have discussed the same with the minor person described herein. I am satisfied that said minor understands the waiver and release his/her obligations as set out. In consideration of the participation of my minor child/ward I too agree to waive, release and indemnify THE ASSOCIATION in the terms set out above.

I am aware that by signing this agreement, I am waiving certain legal rights, which my minor child/ward and I, our respective heirs, executors, administrators and next of kin may have against THE ASSOCIATION.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name of Primary Member (Please Print)	
SIGNATURE (Primary Member)	
Name of Witness (Please Print)	
SIGNATURE (Witness)	