



AURORA SACRED HEALING CENTRE

Mother Earth Connections WAIVER

Release/Assumption of Risk

I, _____, [the participant or parent of a minor] hereby acknowledge the following:

This trip/course offered by the AURORA Sacred Healing Centre [hereinafter known as AURORA] may take place in a remote wilderness setting and involve activities with numerous inherent risks from travel by canoe, or by foot in a remote wilderness setting and exposure to potentially dangerous animals or plants. Such risks may result in significant injury including the potential for permanent paralysis, drowning or other means of death. In the event of an injury or illness medical facilities may be several hours and in extreme cases, possibly days away from remote settings (Some Canadian trips) and evacuation may be required by helicopter, airplane, etc. Participants are responsible for any additional costs incurred for evacuation as the result of injuries or illness. Travel may include the use of charter planes.

I agree to follow the instructions of the trip guide(s) and will bring to that guide's attention any unusual significant hazard that I observe. I will take steps to avoid such hazard. I recognize the danger of being under the influence of substances while participating in these activities and will refrain from using any substances in a manner that would affect my ability to respond to these inherent dangers.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, except for gross negligence on the part of AURORA and its agents, and assume full responsibility for my participation in such inherently risky activities.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS AURORA., its trip guides and other agents, from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM ANY NEGLIGENCE, ACT OR OMISSION OF THE RELEASEES, to the fullest extent permitted by the laws of the province of Manitoba.

AURORA cannot be held responsible for any inconvenience, damage, delay caused by late departure, weather, water levels, itinerary changes, etc. We recommend that participants consider travel insurance for financial protection in case of trip delay or cancellation, lost equipment, or personal medical needs or emergency while on a trip. You can compare various insurance options on the website www.InsureMyTrip.com

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I FURTHER ACKNOWLEDGE THAT PARTICIPATION IN THIS TRIP IS A VOLUNTARY ACTIVITY AND I AM FREE TO DECLINE TO PARTICIPATE.

Name _____ Date(s) of Trip _____

Signed _____ Date _____

Attention MINORS

Minors must attend the trip with a parent or guardian and will need have the following filled out and signed by the parent/guardian accompanying them.

I Have Read and Agree to the Release of the Assumptions of Risk on this waiver form.

Name of Minor(s) (Please Print): _____

Name of Parent/Guardian *if Minor* (Please Print): _____

Signature of Parent/Guardian: _____ Signed Date: _____

Photo Release:

I hereby allow AURORA to use photographs or images of me/my child for appropriate promotional materials.

Signed _____ Date _____

Signed (parent/guardian if camper is a minor): _____

Date _____

Emergency Care Authorization:

We will have with us a Garmin InReach communication device that uses satellites, not cell phone towers, to communicate and send/receive text messages. When you trigger an SOS, Search and Rescue (GEOS) gets a message with your GPS position. GEOS has a database of all the first responders in the world, and they will contact the appropriate agency and coordinate a response. Please be aware that if we have to use the *InReach* to call for a Medical Evacuation for you, that you are responsible to cover the costs (or your Travel Insurance company).

In Case of Emergency, I hereby give permission to the AURORA trip guides to use the *InReach* for call for a Medical Evacuation. I hereby give permission for the physician selected by the AURORA trip guides to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery to the emergency contact person named below.

Emergency Contact Name: _____

Relationship: _____ Contact Phone #: _____