Wild Goose Guiding Ltd. Box 88 Ardrossan, Alberta T8E 2A1 Phone: +1 (780) 914-9889 Fax: +1 (780) 922-6979

Email: info@wildgooseguiding.com



$\label{eq:assumption} \begin{aligned} & \text{ASSUMPTION OF RISK} \\ & \text{and} \\ & \text{RELEASE FROM LIABILITY AGREEMENT} \end{aligned}$

I,	
I further accept and assume all risks of personal injury participating in the said guided excursion with Wild Cassociates, and that I do so voluntarily.	
I acknowledge that this Agreement and any rights, durance Agreement shall be governed solely in accordance with which these events occur and no other jurisdiction; and Agreement shall be brought solely within that Province and no other jurisdiction; and any litigation involving within that Province or Territory of Canada and shall	th the laws of the Province or Territory of Canada d any litigation involving the parties to this ce or Territory of Canada which these events occur the parties to this Agreement shall be brought solely
I acknowledge that in entering this Agreement, I am n statements made by the Guide Outfitter with respect to	• •
I also confirm that Wild Goose Guiding Ltd. may use promotional use such as in their website or additional	
I confirm that I have read and understood all parts of t	this agreement prior to signing it.
Signed this day of	, 20
CLIENT SIGNATURE	WITNESS SIGNATURE
Signature	Signature
Name (please print)	Name (please print)
Signature of Parent or Guardian (if client is under 1	8 years of age):