

Cowichan Valley Rockhounds

ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

British Columbia Lapidary Society (BCLS) Membership Required

Only CVR or BCLS members have a limited 3rd party coverage insurance under the BCLS blanket insurance policy. **Any other participants accept full risk and liabilities.**

Assumption of Risk

I am aware that activities of the Cowichan Valley Rockhounds (CVR) can involve risks. Typical activities include: meetings, field trips, workshops, and special events, but will include any other type of activity arranged by the club. The CVR members will make every reasonable effort to provide a safe environment for themselves and others.

- I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in such activities.
- These risks include negligence on the part of the CVR, its directors, officers, members, and volunteers who organize or lead activities, described herein as CVR.
- Some of the risks include: operation of motorized equipment, use of dangerous chemicals and fumes, hot metals, heating torches, heavy materials or equipment, miscellaneous light and heavy hand tools, and working in potentially dangerous locations.

Release of Liability and Waiver of Claims

In consideration for accepting my application to participate in any CVR activities during the year of **2026**, I agree as follows:

- To waive any and all claims that I may have at present, or in the future, against the CVR, its leaders, and its representatives with respect to these activities.
- To release the CVR, its representatives, and the leader or designate, from any and all liability and agree not to sue for any personal injury, death, property damage, expense and related loss, including loss of income, which I may suffer as a result of my participation in this activity, due to any cause what so ever, including negligence, breach of contract or breach of any statutory duty of care.

Name _____ E-Mail* _____

Cell Phone* _____ Phone _____

**Contact information used for pre-travel planning and day-of communications*

I have read this agreement and I understand it. I am aware that by signing this document I am waiving certain rights, which I may have with respect to the CVR.

Parent or Guardian (If participant is under 19) _____

Signature _____

Date _____