

**Great Canadian Shoreline Cleanup
Vancouver Aquarium Marine Science Centre
Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity
Agreement**

Program: Great Canadian Shoreline Cleanup (the "Program")

Cleanup Date: _____

Name of Registered Site Coordinator: _____

Name of Registered Cleanup Location: _____

To: Vancouver Aquarium Marine Science Centre (the "Aquarium") and its directors, officers, employees, representatives and agents (collectively called the "Agents").

1. I agree as a precondition to the Participant's participation in the Program and in consideration of the Aquarium allowing the Participant to do so, that I will strictly be bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (the "Agreement").
2. I acknowledge that accidents can occur with or without any fault on the part of the Participant, the Aquarium or the Agents and that participation in the Program is at the Participant's own risk.
3. In the event of any accident or illness affecting the Participant, I authorize the Aquarium and the Agents to authorize, on my behalf, all procedures, including admission to hospital and any necessary treatment therein deemed essential for the care and well being of the Participant. Such action is only to be taken when immediate authorization from the undersigned cannot be obtained. It is understood that the Aquarium and the Agents are not responsible for any medical care costs.
4. I understand and fully accept that the Aquarium reserves the right, at any time, to refuse, without penalty or any obligation to refund any amount paid, continued participation in the Program by any person who at the sole discretion of the Aquarium becomes a hazard to themselves, other Program participants, Aquarium staff or animals.
5. I hereby waive any and all claims which I may have against the Aquarium and the Agents and release and indemnify the Aquarium and the Agents from any and all liability for injury, death, property damage or any other loss sustained by the Participant or the Participant's next of kin as a result of participation in the Program, due to any cause whatsoever, including, without limitation, negligence, breach of contract, or breach of any statutory or other duty of care by the Aquarium or the Agents.
6. I acknowledge and agree that this Agreement limits the liability of the Agents to the same extent as it limits the liability of the Aquarium, even though the Agents are not formal parties to this Agreement.

I have read this Agreement and understand that it contains a promise not to sue the Aquarium or the Agents and that it constitutes a release of liability and an indemnity for all claims. If the Participant is under the age of nineteen, I confirm that I am his or her parent or guardian and that I have executed the Agreement on behalf of the Participant.

This Agreement will be binding on myself or my child or ward, as the case may be, and our respective representatives, heirs and assigns.

**Participant Names/Signatures (the "Participant") -- Parent/Guardian if under 19 yrs
(cont'd on next page)**

Participant Name (please print)	Signature of Participant (Parent/Guardian signature if under 19 years of age)	E-mail
1.		
2.		

We value your privacy: E-mail is optional and those collected will only be used to receive future Great Canadian Shoreline Cleanup e-mail communications.

Participant Name (<i>please print</i>)	Signature of Participant (Parent/Guardian signature if <u>under 19 years of age</u>)	E-mail
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