RELEASE AND WAIVER OF LIABILITY

In consideration of the Nova Scotia Youth Project Society (the "Youth Project") permitting the individual named below ("I" or "me") to participate in programs, summer camp(s) and related events and activities including, without limitation, transportation to and from programs and summer camp(s) (the "Activities"), and for other good and valuable consideration, I agree to all the terms and conditions set forth in this agreement ("Agreement").

- 1. Assumption of Risk. I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks including injury, illness, and death. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I am aware of the contagious nature of the 2019 novel coronavirus disease, its variants, and sub-variants ("COVID-19") and the risk that I may be exposed to or contract COVID-19 by engaging in the Activities, which may result in a variety of foreseen and unforeseen harms, including illness and death. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I expressly and specifically assume such risks, including any, and all, risk of injury, harm, or loss that I may incur because of my participation in the Activities including, but not limited to, risks associated with COVID-19.
- 2. <u>COVID-19.</u> I will comply with all federal, provincial, and local laws, orders, directives, and guidelines related to COVID-19 while participating in the Activities, including without limitation, requirements related to hand sanitation, social and physical distancing, and use of face coverings and safety equipment. I confirm that I am fully vaccinated against COVID-19. I acknowledge and understand that "fully vaccinated" means I have received the number of recommended doses of a COVID-19 vaccine approved by Health Canada.
- 3. <u>Medical Treatment</u>. I give consent and authority to the Youth Project and its representatives to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation and/or evacuation. I release, forever discharge and hold harmless the Youth Project and its representatives, heirs, executors, administrators, legal representatives, successors and permitted assigns (collectively the "Releasees") from any claim whatsoever in connection with such treatment or other medical services.
- 4. Release and Waiver. I fully and forever release and discharge the Releasees from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the Releasees and its representatives, and fully and forever release and discharge the Releasees from liability under such claims or demands.

I understand that this release discharges the Releasees from any liability or claim that I may have against the Releasees with respect to any bodily injury, personal injury, illness, death, property damage or property loss that may result from the Activities, whether caused by the negligence of the Releasees or otherwise.

- 5. <u>Miscellaneous</u>. I agree that this Agreement constitutes the sole and entire agreement of the parties to this Agreement with respect to the subject matter contained herein and supersedes all prior and contemporaneous agreement both written and oral, with respect to such subject matter. If any term or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Agreement is binding on my respective representatives, heirs, executors, administrators, legal representatives, successors and permitted assigns.
- 6. <u>Governing Law</u>. This Agreement shall be governed by and interpreted in accordance with the laws of the province of Nova Scotia and the federal laws of Canada applicable therein.

[Signature page follows]

By signing, you acknowledge that you have read and understood all of the terms of this and Agreement that you are voluntarily giving up substantial legal rights, including the right to sue the Releasees and that you have been given the opportunity to obtain independent legal advice.	
First and Last Name (Print)	_
Signature	Date
For individuals under nineteen (19) years of age, a p below.	arent or legal guardian must ALSO sign
I am the parent or legal guardian of the minor named to and, by signing below, I do consent in all respect Agreement and agree that both the minor and I s conditions.	cts to the terms and conditions of this
First and Last Name of Parent/Legal Guardian (Print)	
Signature of Parent/Legal Guardian	Date
EMERGENCY CONTACT INFORMATION	
In case of an emergency, contact:	
Name:	
Relationship:	
Address:	
Telephone Number:	
Email:	ation needed in an emergency
Any allergies, medications, or other inform	ation needed in an emergency: