



WAIVER, RELEASE AND CONSENT

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

I, _____, (the "Participant"), in consideration of being allowed to
Participant's name [Please Print]

attend and participate in EXPLORE on the ____ day of _____, 2025 (the "Activity"), hereby, for myself, my personal representatives, assigns, heirs and next of kin:

- 1) FULLY ACCEPT AND ASSUME all risks associated with my attendance at, and participation in, the Activity. I assume all responsibility for any injuries, losses, or damages which I might sustain or incur as a result of my attendance at, or participation in, the Activity, whether caused by my own or other participants' actions or inactions, the conditions of the Activity, the negligence of any of the Releasees named below, or in any other manner whatsoever.
- 2) KNOWINGLY, VOLUNTARILY, AND EXPRESSLY WAIVE any claim I may have against the Releasees named below for injury, loss or damages as a result of my attendance at, or participation in, the Activity, whether caused by my own or other participants' actions or inactions, the conditions of the Activity, the negligence of any of the Releasees named below, or in any other manner whatsoever.
- 3) RELEASE, discharge, and covenant not to sue the Saskatoon Police Service, The Saskatoon Board of Police Commissioners, the City of Saskatoon, the Fire and Protective Services Department, M.D. Ambulance Care Ltd., doing business as Medavie Health Services-West, other participants, and their respective members, officers, employees, servants, agents, contractors, volunteers, successors and assigns (collectively referred to herein as the "Releasees") from any and all claims, demands, damages, losses and causes of action which I have now or may have in the future in relation to, arising out of, or in any way connected with my attendance at, or my participation in, the Activity, whether caused by my own or other participants' actions or inactions, the conditions of the Activity, the negligence of any of the Releasees, or in any other manner whatsoever. I further agree that if, despite this agreement, I, or anyone on my behalf, makes claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, losses, liabilities, judgments, damages, or costs which they may incur.

4) CONSENT AND AGREE to being photographed, interviewed and/or videotaped by representatives of media outlets (newspaper, television, radio, etc.), production companies, the Saskatoon Police Service, The Saskatoon Board of Police Commissioners, the City of Saskatoon, the Fire and Protective Services Department and/or M.D. Ambulance Care Ltd., doing business as Medavie Health Services-West (collectively referred to herein as the “Publishers”) during, or in relation to, the Activity. Any information or images obtained from the Activity may be reproduced by the Publishers for use in advertising, publicity or educational activities, including but not limited to print and television news, social media or web posts, videos, audio clips, podcasts, and publications including annual reports and business plans. I further agree that the information and images referred to above (and any reproductions and/or digital records thereof) shall constitute the sole property of the Publisher who created them. No compensation shall be provided to the Participant for the use of the information and images.

5) CONSENT AND AGREE to the Saskatoon Police Service conducting a Criminal Record Check of me at its own expense. I further acknowledge that, depending on the results of the Criminal Record Check, I may not be allowed to attend and participate in the Activity.

Please list any medical conditions you have that may limit your ability to participate in the Activity or might result in you needing assistance or medical attention during the Activity:

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THE AGREEMENT IS HELD TO BE INVALID, THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

Dated at the City of Saskatoon, in the Province of Saskatchewan, this ____ day of _____, 2025.

Signature of Participant

Signature of Witness

Print Name of Witness

If the Participant is under 18 years of age:

I am (check one):

_____ the sole legal custodian of the Participant; or
_____ one of the legal custodians of the Participant and the other legal custodian also consents.

I consent to the above terms and conditions on behalf of the Participant.

Signature of Legal Custodian

Print Name of Legal Custodian

