

Visitor Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ (Visitor) releases Kiyooka Ohe Arts Centre, (KOAC) a non-profit organized and existing under the laws of the province of Alberta and each of its directors, officers, employees, and contractors.

As honey bee colonies are maintained at this site, participants must assume all risk of injury from stings or accidents while attending KOAC. Minors attending KOAC must be supervised by a parent or guardian at all times. In consideration of participating in any event at KOAC, the visitor acknowledges and agrees that there is a potential risk of injury from activities involved in beekeeping and/or exploration of the KOAC grounds and while particular rules, equipment and personal care may reduce this risk, the risk of injury does exist; and the visitor knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.

1. Waiver and Release: I, the Visitor, release and forever discharge and hold harmless KOAC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to KOAC. I understand and acknowledge that this Release discharges KOAC from any liability or claim that I may have against KOAC with respect to bodily injury, personal injury, illness, death, or property damage that may result from my visit to KOAC.

2. Insurance: Further I understand that KOAC does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of KOAC beyond what may be offered freely by KOAC in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge KOAC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time as a visitor at KOAC.

4. Assumption of Risk: I understand that my visit to KOAC may include activities that may be hazardous to me and may involve inherently dangerous activities. As a visitor I hereby expressly assume risk of injury or harm from these activities and Release KOAC from all liability.

5. Photographic Release: I grant and convey to KOAC all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by KOAC in connection with my visit to KOAC.

6. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Full Name

Signature (Or parent/guardian if under 18)

Date