Tree of Life: Wavier & Release Form



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The Tree of Life Sustainability Project Inc. in Salmonier Line, St. Mary's, Newfoundland and Labrador, is a not-for-profit association and does not carry liability insurance. If you wish to partake in the activities being offered through The Tree of Life Sustainability Project Inc. you are required to read, acknowledge and sign this form that indemnifies The Tree of Life Sustainability Project Inc.

ASSUMPTION OF RISK: By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with my participation in projects and associated activities at Tree of Life Sustainability Project Inc.

ASSUMPTION OF PERSONAL RESPONSIBILITY: I present that, to my own knowledge, I am in good health and have no mental & physical impairments that would prevent my participation in activities (unless communicated). I understand and agree that I am fully responsible for my personal mental and physical well-being during my time at Tree of Life Sustainability Project Inc. This includes communicating my mental and physical needs responsibly and respectfully.

ACKNOWLEDGEMENT OF UNDERSTANDING: Please select the appropriate documents which you have read and fully understand.

Tree of Life: Guide
Tree of Life: Work-away and Local Helper Guide
Tree of Life: Work-away and Local Helper Inquiry Form
Tree of Life: Orientation (upon arrival)

I understand and confirm that by signing this Wavier & Release Form I have resigned further legal options. I understand my assumption of risk, assumption of personal responsibility and acknowledgement of understanding. My signature is proof of my intention to execute a complete and unconditional wavier & release of all liability to the full extent of the law. I hereby waive and release all claims against Tree of Life Sustainability Project Inc. I am 18 years of age or older and mentally competent to enter into this waiver. I have signed this agreement freely, voluntarily, and under no duress.

SIGNATURE:	WITNESS:	
Name:	Name:	
Signature:	Signature:	
Date:	Date:	