



Voices: Manitoba's Youth in Care Network  
3rd floor, 61 Juno Street  
Winnipeg, MB R3A 1T1  
ask@voices.mb.ca 204-982.4956  
www.voices.mb.ca  
**engage. equip. Empower!**

**ASSUMPTION OF RISK, RELEASE, WAIVER OF CLAIM AND INDEMNITY NOTICE  
(THIS DOCUMENT AFFECTS LEGAL RIGHTS, INCLUDING YOUR RIGHT TO SUE, AND CREATES LEGAL  
RESPONSIBILITIES. PLEASE READ CAREFULLY.)**

TO: VOICES: MANITOBA'S YOUTH IN CARE NETWORK (BGC WINNIPEG)

In consideration of BGC Winnipeg accepting my application for, and allowing me to participate in the *VOICES NETWORK RETREAT* (as that term is defined and described below), I agree as follows:

**1. ASSUMPTION OF RISK**

**I ACKNOWLEDGE AND AGREE THAT** participation in the *VOICES NETWORK RETREAT* involves potential dangers, risks and hazards.

**I FURTHER ACKNOWLEDGE AND AGREE THAT** my participation in the *VOICES NETWORK RETREAT* is entirely at my own risk and that I freely accept all the inherent risks of participating in the *VOICES NETWORK RETREAT* and the possibility of personal injury, death, assault, property damage and loss resulting therefrom.

**I FURTHER ACKNOWLEDGE AND AGREE THAT** BGC WINNIPEG'S acceptance of my involvement as a participant in the *VOICES NETWORK RETREAT* does not and will not make me an agent, contractor, employee or partner of BGC WINNIPEG.

**2. RELEASE AND WAIVER OF CLAIM**

**I WAIVE ANY AND ALL** claims I may now, and in the future, have against, and release and discharge from all liability, and agree not to sue, BGC WINNIPEG, its officers, employees, agents, representatives, and each of them and their respective agents, administrators, representatives, heirs, successors and assigns (the "Releasees"), with respect to any and all liability, costs (including legal costs), claims, damages, demands, actions and causes of action of whatever kind which might arise from or in connection with my participation in the *VOICES NETWORK RETREAT* including, without limitation, any personal mental or physical injury, illness, death, property damage, loss of personal freedom or financial loss or other loss suffered by me or any other family members or dependants, arising, directly or indirectly, from my participation in the *VOICES NETWORK RETREAT*, whether foreseen or unforeseen and regardless of the cause thereof including, without limitation, negligence or partial negligence on the part of the Releasees or any of them.

**3. INDEMNITY**

**I AGREE** to hold harmless and to indemnify the Releasees for any and all claims made against any of the Releasees by any person, including any claim or action by or on behalf of my spouse or dependants (present or future), for damages suffered or costs incurred arising out of or related to any aspect of my participation in the *VOICES NETWORK RETREAT*, including, without limitation, any of the matters described or contemplated at item 2 above.

VOICES is under the stewardship of the BGC WINNIPEG





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**4. UNDERSTANDING**

**I DECLARE** that I fully understand the terms of this Agreement and that I have not been influenced by any representations or statements made by or on behalf of BGC WINNIPEG not recorded herein.

**I CONFIRM THAT** I am the full age of 18 years (or that I am the legal guardian of a participant under the age of 18) and I have read and understood this Agreement prior to signing it and I agree that the legal rights and obligations under this Agreement will be binding upon my heirs, next-of-kin, executors, administrators and successors. I am aware that by signing this Agreement I am releasing and waiving certain legal rights, including the right to sue and to be awarded potentially substantial damages, which I or my heirs, next-of-kin, executors, administrators and assigns have or may have against the Releasees.

**5. JURISDICTION**

**I AGREE** that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of the Province of Manitoba.

**Please Print Clearly**

**Participant's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal** \_\_\_\_\_

**Phone # ( \_\_\_\_\_ )** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant over the age of 18)

\_\_\_\_\_  
(Signature of Parent/Guardian of Participant under 18)

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