

**RELEASE AND WAIVER OF INDIVIDUAL'S RIGHT TO CLAIM AGAINST
THE LAKE WINNIPEG RESEARCH CONSORTIUM INC. (LWRC) AND ITS EMPLOYEES
IN CASE OF INJURY OR DEATH OR OF PROPERTY LOSS OR DAMAGE**

I, _____ of
_____ in consideration of

OR

**RELEASE AND WAIVER OF MINOR'S/CHILD'S RIGHT TO CLAIM AGAINST
THE LAKE WINNIPEG RESEARCH CONSORTIUM INC. AND ITS EMPLOYEES
IN CASE OF INJURY OR DEATH OR OF PROPERTY LOSS OR DAMAGE**

We, _____ of
_____ and
_____ of
_____ parents/guardians of the minor

being permitted:

- a) to be a visitor or user on any premises, facilities, or field party areas; or
- b) to be a passenger in any transport owned by or operated for the Lake Winnipeg Research Consortium, related to one day excursion aboard MV *Namao* or *Fylgja* at _____ and return on _____, 20__, hereby

assume all risk of death and injury to my person and loss or damage to my property and release and forever discharge the Lake Winnipeg Research Consortium Inc. and employees, and any of their heirs, executors, administrators, successors, or assigns, from all actions, claims, and demands whatsoever that I, my heirs, executors, administrators, successors, or assigns, or anyone else acting through me may have by reason of death or injury to my person or loss or damage to my property suffered while I was such a visitor, user or passenger, except where caused by any reckless or intentional breach of duty of the LWRC or employees.

Should I require extra assistance due to a disability or other special needs, I am to identify this need to the officers and crew of any transport owned by or operated for the Lake Winnipeg Research Consortium prior to embarkation.

My signature below indicates that I have read the General Statement of Risks (SOR) outlining the risks that may be encountered by me while aboard MV *Namao* during the above stated period of time. I acknowledge that I have understood these risks. I also acknowledge that I have asked for additional information where necessary and that I have been satisfied with the response that I have received. Understanding that none, some, or all of the listed events in the SOR may arise while on board the vessel, I accept these risks as being inherent in being aboard the vessel.

My signature also indicates that I accept that any photographs taken by LWRC staff during the Education Program may be used for Program promotion, annual reporting and educational purposes.

SIGNED this _____ day of _____, 20__,
