



Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

By signing this document you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY

PART A: Parties to the Agreement

Maritime Ignite, and:

Participants Name: _____

Participants Address: _____

Participants Phone Number: _____

Participants Age: _____

Participants Date of Birth (MM/DD/YYYY): _____

PART B: Program/Activity Information

Describe the program/activity: **Maritime Ignite**

Date/term of program/activity: **August 9-15, 2026 OR August 16-22, 2026 (please circle appropriate one)**

Location where the program/activity will be held: **Hillsborough, NB as well as an offsite location which transportation will be provided. Physical addresses will be provided on enrollment forms.**

PART C: Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

I, _____, (Participant name) agree to abide by the rules and regulations of Maritime Ignite and agree to use the facility and equipment in a manner consistent with its intended use and application.

The activity described above in Part B is considered a “high risk” program and is designed predominantly for healthy individuals. If you have been inactive, have health or medical concerns, you are advised to consult with your physician prior to participating in the program. Being inactive, having health or medical issues does not automatically disqualify you from acceptance. Should your physician agree to participation, we encourage you to still apply! Participation in this high-risk program involves various risks, dangers and hazards that could result in death or serious injury, including but not limited to:

- Minor or major bone and spinal fractures
- Rope, wire, netting burns
- Scrapes, abrasions, lacerations
- Head or body bumps and bruises
- Muscle, tendon, or ligament strains or sprains
- Head concussion

Caused by, but not limited to:

- Overstraining or exceeding physical limitations
- Slips, falls and other gravity related mishaps
- Impact against a hard surface
- Human error
- Disregard of guidelines, rules and standard practice
- Aerial heights
- Accelerated speeds and projection
- Collision with others
- Inattention or lack of knowledge
- Rough equipment conditions, splinters, chalk dust, etc.
- Rushing water
- Water ingestion, drowning
- Equipment failure and design
- Geographic and land formation hazards
- Environmental hazards
- Pollution hazards
- Animal actions or behaviors

An individual's participation will be deemed to indicate acceptance of such risks and injury. Therefore, Maritime Ignite accepts no responsibility for such activity-related risks, dangers and hazards. Maritime Ignite representatives are not physicians, therefore if you have health or medical concerns, you are advised to consult with your doctor.

I understand and agree that my participation in the "high risk" program described in Part B, is not a requirement of Maritime Ignite and is strictly voluntary. I further agree that in the event of personal injury or property loss, as a result of my participation in the "high risk" program described in Part B (EVEN IF CAUSED BY MARITIME IGNITE'S NEGLIGENCE), I hereby release, waive and discharge Maritime Ignite from all liability to me, my heirs, executors and administrators. I accept full responsibility for my actions and obligations and I will not hold Maritime Ignite, its employees, volunteers, contractors, agents and instructors (the "Releasees") liable and I agree to indemnify and hold harmless the Releasees from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in the "high risk" program described in Part B.

I am aware of the nature and effect of the Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement that I am signing. I am executing this release and waiver of liability agreement freely and without any compulsion on the part of Camp Ignite.

By signing this document, I am freely assuming all risks of injury and other risks associated with participating in the "high risk" program described in Part B. I acknowledge having read, understood and agreed to the conditions contained in this Agreement.

Complete, if the member is participating in the "high risk" program described in Part B is 18 years of age.

_____	_____	____/____/____
Participant print name	Signature of Participant	MM/DD/YYYY

_____	_____	____/____/____
Parent/Legal Guardian name	Signature of Parent/Legal Guardian	MM/DD/YYYY

By signing this document, the Participant and parent/legal guardian understand that they are freely assuming the risks of injury and other risks associated with participating in the "high risk" program described in Part B. The Participant and parent/legal guardian acknowledge having read, understood and agreed to the conditions contained in this Agreement.

The Participant, _____, a minor pursuant to the *Age of Majority Act*, has my permission to participate in the “high risk” program described in Part B.

Parent/Guardian print name Signature of Parent/Guardian ____/____/____
MM/DD/YYYY

Participant print name Signature of Participant ____/____/____
MM/DD/YYYY

PART D: Contact Information for Medical Emergency

In case of an emergency, please provide the following contact information:

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

PART E: Personal Information

The collection of personal information on this form is collected for the administration and management of Camp Ignites’ risk management and insurance program. Questions regarding the collection and use of this information should be directed to: Camp Director – Jessica O’Dell at 506-229-1546 or via email at camp@maritimeignitefire.com OR via Facebook “Maritime Ignite Fire Academy Inc.”