

WORLD ADVENTURE CONSULTANTS LTD.

INDEMNITY AGREEMENT

WARNING:

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS

Please Read carefully!

AVALANCHE COURSES AND BACK COUNTRY AWARENESS COURSES OFFERED BY WORLD ADVENTURE CONSULTANTS LTD. ARE OFTEN CONDUCTED IN HAZARDOUS MOUNTAIN TERRAIN. THESE COURSES INVOLVE RISKS, DANGERS AND HAZARDS IN ADDITION TO THOSE NORMALLY ASSOCIATED WITH BEING IN A MOUNTAIN ENVIRONMENT. ALL GUARDIANS OF UNDERAGE PARTICIPANTS ARE REQUIRED TO SIGN THIS INDEMNITY AGREEMENT..

Initial _____

Name: _____ Name of Course: _____

Address: _____ Date of Course: _____

Course Location: _____

WARNING: IF A LAWSUIT IS BROUGHT AGAINST WORLD ADVENTURE CONSULTANTS LTD., ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES AND INDEPENDENT CONTRACTORS (HEREINAFTER COLLECTIVELY CALLED THE "COMPANY"), THEN THE COMPANY HAS THE RIGHT TO INDEMNIFY AGAINST ME.

TO: WORLD ADVENTURE CONSULTANTS LTD.

I agree that my son or daughter, being an infant, will be participating in an Avalanche course (hereinafter referred to as "the Course") and that this infant or minor may not be contractually bound by a Release of All Claims, Waiver of Liability and Assumption of Risk Agreement which I have seen and I have signed. I therefore specifically agree to indemnify the Company against any and all claims, actions and suits that may be instituted by my son or daughter.

I AGREE TO SAVE HARMLESS AND INDEMNIFY THE COMPANY from any cause of action, suit claim or liability of any kind whatsoever arising out of any cause whatsoever but not limited to negligence on the part of the Company.

In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Company including those in any brochure issued by the Company, to induce me or my son or daughter to undertake and to participate in the activity.

I confirm that I have read and understood this Indemnity Agreement prior to signing it, and agree that this Agreement will be binding upon me, my heirs, next of kin, executors, administration and assigns.

I agree that this Agreement is to be interpreted according to laws of the Province of British Columbia and I understand that if I have any questions regarding the waiver of waiver of my rights, or this Indemnity Agreement, I should consult a lawyer prior to signing this Agreement.

Signed this ___ day of ___ 20 ___ at _____

Printed Name of Participant _____

Signature of the Guardian _____

Printed name of Guardian _____

Signature of Witness _____

Printed Name of Witness _____