

General Liability Release Form

To: Pender Harbour Living Heritage Society

Event or activity: Oyster Shucking Event, Madeira Park Wharf Area

Date: July 8, 2017

Participant: _____

I understand that participation in the Oyster Shucking Event at Madeira Park Wharf Area could include actions or tasks that might be hazardous to me. By signing below, I agree and acknowledge that participation can cause harm or injury to me, and I release the Pender Harbour Living Heritage Society from all liability, costs and damages that could arise from my participation in the above-named activity. I agree to accept financial responsibility for costs related to my harm or injury, and I give my confirmation of the same by signing this document.

Signature of Participant: _____

Date: _____

Signature of Witness: _____

Date : _____