

## **Participant Waiver Form**

WTA Chainsaw

This form must be read, understood, filled out, signed and returned to the chainsaw instructor before you begin using the chainsaw, brush saw, or any other equipment supplied by the WTA.

Cou	rse Date(s) Start and End dates are bo	oth required:	
Course Location: Name of			ctor:
Part	cicipants must be <u>legal</u> residents of the	province of	
	icipants under the age of 18 must have the sig		lian to participate.)
			Date of Birth
First Name		Middle Initial	Last Name
Address		City	Province/Postal Code
Telephone Number (Mandatory)		Email Address (Optional)	
Signature of Witness:			
Personal Information Release, Waiver and Indemnification			
<ul> <li>The undersigned participant and his or her parent or legal guardian, if the participant is under the age of 18 years, does (do) hereby execute thus personal information release, waiver and indemnification for himself (herself/themselves) and his (her/their) heirs, successors, representatives and assigns, and hereby agree(s) and represent(s) as follows:</li> <li>To release to the Woodland Trainer Association (WTA) the personal information requested above including a complete record of marks and all assignments, pass/fail, final mark and individual student evaluations done by the instructors. This personal information is needed and will be used only for WTA registration purposes and for members of the association to verify level of achievement.</li> <li>The undersigned participant understands and acknowledges that the information contained in this course is offered for the safety of those who have an interest in operating chainsaws, brush saws, and dangerous tree removal. The undersigned participant understands and acknowledges that chainsaw training, use of forests and field exercise sites can be potentially dangerous. The undersigned participant therefore agrees to assume all risks associated with the WTA training course.</li> <li>In consideration of the right to participate in this course, the undersigned participant further agrees to release and indemnify the WTA Proficiency Program and its members, employees, contract instructors, and training providers affiliated with this WTA training course and hold them harmless from any and all liability, loss, damage, costs, claim judgement, settlement and/or cause of action including, but not limited to, all injuries and property hazards arising out of participation in the course referred to above. This indemnification shall include attorneys' fees incurred in defending against any claim or judgement incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided h</li></ul>			
l ha	ve been given an opportunity to ask all  ve fully informed myself of the conto  ore I signed it.	•	and have no further questions.  I release by reading it and/or was read to me
	Signature of Participant or		Date
Guardian (if under 18 years)			Date

This form must be returned to the chainsaw instructor for processing.

The material contains confidential or personal information, which is subject to provisions of the Freedom of Information and Protection of Privacy Act.