

Peach City Men's Shed Association

ASSUMPTION OF RISK, RELEASE OF LIABILITY & WAIVER

1. Assumption of Risk

I acknowledge that activities at the Peach City Men's Shed Association (PCMSA) may include, but are not limited to, woodworking, metalworking, use of hand tools, power tools, machinery, lifting materials, as well as general workshop and project activities.

I understand that these activities involve inherent risks, including the risk of serious personal injury, permanent disability, death, or property damage. I freely and voluntarily assume all such risks, whether known or unknown, foreseeable or unforeseeable.

2. Release of Liability & Waiver of Claims (Including Negligence)

To the fullest extent permitted by the laws of the Province of British Columbia, I release, waive, and forever discharge:

- All directors, officers, volunteers, instructors, members of PCMSA
- Property owners and affiliated organizations

from any and all liability, claims, demands, actions, or causes of action, including those arising from negligence, breach of duty of care, or otherwise, that may result from my participation in PCMSA activities.

3. Indemnification

I agree to indemnify and hold harmless the released parties from any loss, liability, damage, or cost (including legal fees) arising out of my participation or my breach of this agreement.

4. Medical Fitness & Personal Responsibility

I confirm that I am physically and mentally capable of participating safely. I accept full responsibility for monitoring my own health, including any pre-existing medical conditions.

5. Safety Rules & Conduct

Prior to engaging in any workshop or offsite PCMSA activities, I agree to:

- Read all relevant PCMSA safety documentation
- Follow all safety rules, signage, and instructions
- Use tools only after appropriate training or authorization
- Wear required personal protective equipment (PPE)
- Work with a partner at all times
- Refrain from unsafe behavior

I understand that failure to comply may result in suspension or termination of participation.

6. Emergency Medical Consent

In the event of an emergency, I authorize a PCMSA representatives to obtain medical treatment on my behalf if I am unable to provide consent.

7. Governing Law

This agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia.

8. Acknowledgement

I acknowledge that:

- I have read and understood this agreement
- I understand that I am giving up legal rights
- I sign this agreement voluntarily

Signatures

Participant Signature: _____

Date: _____

Witness / PCMSA Representative: _____

Date: _____