



**Friends of Yoho
Spiral Tunnels/Kicking Horse Pass Railway Adventure**

Name: _____
Address: _____
City: _____
Province/State: _____
Postal/Zip Code: _____
Phone #: _____

Registration Fee:

Members: (10% discount)	\$180.00
Non Members	\$200.00

Payment by cheque _____
Money Order _____
(payable to the Friends of Yoho), or by

Visa or MasterCard _____
Credit Card # _____
Expiry date _____
Signature _____

Mail registration to:
Friends of Yoho
P.O. Box 100
Field, B.C.
V0A 1G0
Or fax registration to 250-343-6393

**Registration will be accepted only if payment is included and the waiver form
is signed.**



Release of all Claims and Waiver of Liability

To: The Friends of Yoho Society
And: Parks Canada and Her Majesty
the Queen in Right of Canada

In consideration of the Friends of Yoho Society accepting my application for and my being permitted to attend their activity, I agree to this release of claims, waiver of liability and assumption of risks (collectively “this agreement”)

I waive any and all claims I may have against, and release from all liability, and agree not to sue, the Friends of Yoho Society and its officers, employees, agents or representatives of Parks Canada for any personal injury sustained by me as a result of my participation in a program with the Friends of Yoho Society due to any cause whatsoever, including, without limitation, negligence on the part of the Friends of Yoho Society, its staff or Parks Canada.

I am aware this activity has certain risks, some of which include:

1. Mountain Terrain – mountainous areas with steep slopes in their natural state have many obstacles and hazards, are not regularly patrolled or examined, where people may get lost or separated from their guide, where wild animals may be present, and where communication is difficult and rescue and medical equipment may not be available.
2. Weather – weather conditions may be extreme and can change rapidly without warning.

I accept all the inherent risks and the possibility of personal injury, death, property damage or loss resulting therefrom. I confirm that I am the full age of 19 years and that I have read and understood this Agreement prior to signing it and agree that this Agreement will be signed on this _____ day of _____.

_____ (signature) in the presence of _____ (witness).
