

**DEPOSITS OF FAITH  
INFORMED CONSENT AND ASSUMPTION OF RISK  
FOR SAILING EXCURSION**

I, \_\_\_\_\_ (full legal name), in consideration of my participation in a sailing excursion (hereafter called “the excursion”) organized by Qualitran Professional Services Inc., an Ontario Corporation, operating as “Deposits of Faith” and directed by Les Galicinski, President, warrant, represent and agree that:

1. It is solely my duty to ascertain the existence of the risks and hazards to my person and property associated with the excursion and without reliance upon any representation of, or discussion with an agent, consultant and/or employee or representative of Deposits of Faith. I recognize and acknowledge that sailing is a hazardous venture, and acknowledge the possibility of rough seas, squalls, thunderstorms and high winds, other boats and moving equipment on board. I willingly undertake such risks acknowledging that they may result in personal discomfort or injury to my person, loss of life or loss of property. I agree that I will not take undue risks such as diving, snorkeling, and being on deck or in the ship’s dinky without a lifejacket. I acknowledge that any swimming that I do without a lifejacket is my personal decision based on my own perceived confidence in the water. Nevertheless, I will submit to all commands issues by the captain and participate fully in safety training, drills and will obey standing orders as posted each morning. I will obey all orders issued by the Captain or his designate. I agree to participate in all duties assigned to me and acknowledge that my refusal to obey orders may put me and others at personal risk.
2. I have no medical conditions that would prevent me from participating in the excursion and I am aware that no medical assistance may be available to me in the event of injury or illness. I agree to purchase medical insurance for the entire term of the excursion.
3. I am aware of the hazards and risks to my person and property associated with the excursion, such hazards and risks including, but not limited to, death or injury by accident, disease, war, terrorist acts, forces of nature, inadequate medical services and supplies, criminal activity, political turmoil, random acts of violence, and the risks of negligence of Deposits of Faith and their respective agents representatives, consultants and/or employees. I accept my participation in the excursion with full awareness of these risks, and I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release and discharge Deposits of Faith, and it’s owner Qualitran Professional Services Inc. and their respective agents, representatives, consultants and employees as well as all other participants in the excursion, from any and all liability whatsoever arising as a result of death, injury, or illness without limitations that I may suffer or incur as a result of participation in the excursion.
4. This assumption of risk and release agreement is intended to be as broad and inclusive as permitted by law. I agree this assumption of risk and release agreement will be governed solely by Ontario and Canadian law.

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7. I expressly waive any defense to the enforcement of any provision of this document arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
8. I also acknowledge that as a follower of Jesus Christ, I am bound by obedience to the sacred scriptures consisting of the 66 books of the Bible and I recognize that both the organizers and the participants are fellow Christians similarly bound. Hence, I personally warrant and agree that I will not undertake any legal action in any court of law in any jurisdiction against any participant or any leader of the excursion or any corporations or organizations in which they are owners or members in with respect to any injury, loss or damage to property that may result from my participation in this excursion.
9. I further state that I have carefully read the foregoing assumption of risk and release and understand its contents, and I voluntarily sign it as my own free act. This is a legal document and I understand that I have the opportunity to independently consult with legal council before agreeing to and signing the same.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City, Province (State) and Postal (Zip) Code \_\_\_\_\_

[IMPORTANT: Please have two witnesses observe your signature, and have them sign below. They must be at least 18, and should not be relatives.]

Witness \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City, Province (State) and Postal (Zip) Code \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City, Province (State) and Postal (Zip) Code \_\_\_\_\_