

Res. #: \_\_\_\_\_ Circle the activity(s) you are scheduled for: Fishing, Quail, Alligator, Shooting Range



The undersigned acknowledges that Glawson Investments, INC. (hereinafter referred to as "GI") is the owner of certain land over which I am participating in a guided tour for the purpose of hunting, fishing and other outdoor activities. I hereby assume risk of the consequences of my activities on the property of GI and further acknowledge that neither GI nor Potash Corporation of Saskatchewan (hereinafter referred to as "PCS") is in any way liable to the undersigned for any damages or injury to his person or property, or death, occurring while on the property of GI. It is understood and agreed that neither GI, PCS nor any agent of GI/PCS assumes responsibility for my safety, and I assume all such responsibility for my safety, and I assume all such responsibility. Neither GI/PCS shall be liable for any injury or death incurred by the undersigned either while on the property or while making use of any transportation facilities which may be provided by GI to, from and over the property. It is further understood that the undersigned will indemnify and hold harmless GI/PCS from or against any claim, loss or damage whatsoever caused by or arising out of the permission of GI/PCS to participate in said tour over its land agrees to release, indemnify and hold harmless for any resulting injuries or damages that I may sustain while on the property of GI, or that I may cause to any other person or property as a result of my activities.

The undersigned further acknowledges that he/she will participate on a tour guided and conducted by an independent contractor(s). I understand and acknowledge that said guide(s) is not an employee or agent of GI, but that he/she has the right to conduct this tour, and that GI is not responsible for his/her acts or omissions.

**Read carefully and sign both lines 1 / 3 and fill out section 2**

\*FINE BIRD DOGS – Up to \$500.00 + Vet Bills – For ANY canine peppered however minor plus all Vet bills associated with that injury. A credit card will be kept on file for medical sundries incurred by the guide.

\$3,000.00 – Maimed (shot resulting in the permanent loss of service from that canine), for any canine put down in the field during a hunt or injuries that result in death due to complications related to the initial injury. This amount covers the cost of Vet bills incurred by the guide if the canine is injured and compensation to that contracted guide to help in replacing his companion. Furthermore, the hunt for the day and the remainder of the trip will cease with out refund.

\*FINE GOLF CARTS ~ \$1,000.00 (Per Vehicle) For ANY damages to the plantation transportation due to the disregard of Golf Cart Rules posted on each vehicle or blatant disregard of instruction, operation or safety, given.

\*READ POSTED SIGNS - ALL signs posting no trespassing speed or lake condition warnings will be adhered to at all times. Also understand that all signs are posted for your safety.

*I also understand that a fishing trip, quail hunt or any other activity will end the moment Bienvilles guide(s) or staff witness an unsafe act, or the conduct of any guest hinder the guide(s) or staff to effectively conduct business or service those guests. In all cases refunds will not apply.*

1. Signature Please \_\_\_\_\_

THE ABOVE FINES WILL BE ADDED TO THE TRIP BALANCE.

I UNDERSTAND THE ABOVE FINES AND THAT I WILL BE RESPONSIBLE FOR THOSE FINES.

**\* MEDICAL IF APPLICABLE – IF NOT A SKIP TO No. 2\***

Please, if applicable, list any and all conditions that could require medical attention while at Bienville Plantation. Also do the same for any and all conditions that could be aggravated prolonged standing/sitting while fishing, ground field walking during quail hunts, allergies brought on by plant/food/insect bights/heat. Your activity coordinator will inform your guide of these conditions for your well being. \_\_\_\_\_

List medication you are on which could impede your ability to participate in the activities you are scheduled for. In addition, list medication that a physician would need to be made aware of in the case of needed medical attention: \_\_\_\_\_

Emergency Name & Phone Contacts: \_\_\_\_\_

2. Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ email: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

- PLEASE SIGN AS AGREEING TO ALL ABOVE

3. Signature Please: \_\_\_\_\_