

FORM 4 - ASSUMPTION OF RISK / INDEMNITY AGREEMENT AND RELEASE

CWD HERD CERTIFICATION PROGRAM

The undersigned cervid farmer hereby undertakes to assume all risks with respect to the Chronic Wasting Disease (CWD) Herd Certification Program (hereinafter called *Program*) which he / she intends to enroll in.

In consideration of the acceptance of enrolment into the Program, and in anticipation of deriving benefits there from, the undersigned hereby releases the Regional Administrator / Status Assessor- the Canadian Sheep Federation (CSF); the National Administrator- the Canadian Food Inspection Agency (CFIA); and the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), Manitoba Agriculture or the Government of Saskatchewan from any responsibility regarding implementation of the Program.

The purpose of this *Assumption of Risk / Indemnity Agreement and Release Form* is to relieve the Canadian Sheep Federation and the provincial and federal agencies previously mentioned (all hereinafter referred to as *the parties*) involved in the program from all liability for injuries, damages and / or losses of any nature which could possibly arise. The form also allows the relevant parties to share information.

The undersigned assumes all risks and will keep the parties severally fully indemnified from any and all actions, causes of action, claims and demands for damages, loss or injury, howsoever arising; which may hereafter be sustained by the undersigned or by any of his / her / its employees or any of his / her / its investors, in consequence of the program undertaken, including all damage, loss and injury not known or anticipated but which may arise in the future and all effects and consequences thereof.

AND IN CONSIDERATION of the foregoing, the undersigned further agrees not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of any Act(s) dealing with negligence or tortuous activities or similar legislation of any Province or Territory.

The undersigned assumes all employers' liability, will ensure that only competent staff is used, and undertakes that the program will be conducted in a safe manner using his / her / its own proper equipment and will use safe systems of work assuming all risks, etc. and is responsible for his / her / its own workers compensation needs (if any).

Farm Name _____

First Name _____ Last Name _____

The undersigned at all times will follow all the criteria stipulated by the *National Standards for the Chronic Wasting Disease Herd Certification Program*.

Dated this _____ day of _____, 20____

Cervid Farmer Signature

Witness Signature and Printed Name

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CWD HERD CERTIFICATION PROGRAM

The undersigned has authority to bind this agreement. IN WITNESS WHEREOF we have hereunto set our hands to this entire *Assumption of Risk / Indemnity Agreement & Release* Form contract.

Dated this _____ day of _____, 20____

Cervid Farmer Signature

Witness Signature and Printed Name

I, _____, hereby release, indemnify and hold harmless the Regional Administrator / Status Assessor- the Canadian Sheep Federation, its officers, employees and agents from and against all claims, liabilities, losses, damages, costs, expenses and causes of action of any nature whatsoever relating to the implementation and administration of the Chronic Wasting Disease Herd Certification Program.

Farmer Signature _____ Date: _____

I, _____, hereby release, indemnify and hold harmless the National Administrator- the Canadian Food Inspection Agency - the minister, its officers, employees and agents from and against all claims, liabilities, losses, damages, costs, expenses and causes of action of any nature whatsoever relating to the implementation and administration of the Chronic Wasting Disease Herd Certification Program.

Farmer Signature _____ Date: _____

I, _____, consent to the Regional Administrator/Status Assessor—the Canadian Sheep Federation and the National Administrator—the Canadian Food Inspection Agency exchanging pertinent information about my farm for the purposes of the Chronic Wasting Disease Herd Certification Program and regulatory controls of chronic wasting disease.

Farmer Signature _____ Date: _____

I, _____, consent to the Regional Administrator / Status Assessor- the Canadian Sheep Federation - exchanging pertinent information about my farm to the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), Manitoba Agriculture or the Government of Saskatchewan (circle relevant party) - for the purposes of regulating game farming or for disease surveillance purposes.

Farmer Signature _____ Date: _____

FORM 5 - ASSUMPTION OF RISK / INDEMNITY AGREEMENT AND RELEASE

I, _____, consent to the National Administrator- the Canadian Food Inspection Agency and/or the Regional Administrator / Status Assessor- the Canadian Sheep Federation - posting our farms enrollment and certification Status Level on their website or as they otherwise deem appropriate.

Farmer Signature _____

Date: _____