



**ACKNOWLEDGEMENT, RELEASE, WAIVER, INDEMNITY and ASSUMPTION OF RISKS AGREEMENT**  
("the Agreement")

This Agreement contains a WAIVER OF SUBSTANTIAL LEGAL RIGHTS for you and the MINOR(S)/DEPENDENT(S) named below. **Please read carefully.**

References to Nutrien Wonderhub in this Agreement refer collectively to this facility and to Nutrien Wonderhub and its directors, officers, contractors, employees, guides, representatives, advertisers, other participants and sponsors.

I, on my own behalf and on behalf of the below named MINOR(S)/DEPENDENT(S) ("the MINOR") (which throughout this Agreement shall include each of our heirs, assigns, personal representatives and next of kin), acknowledge, accept and agree that:

1. Nutrien Wonderhub offers several activities and exhibits (the "Activities") which are designed for use by participants of average strength, mobility, fitness, and who are in good health.
2. Medical conditions may impair the safety and well being of participants as may other medical, physical, psychological, or psychiatric issues, and all such medical conditions may increase the risk of participating in the Activities and cause the participant to be in danger to themselves or others. If I or the MINOR have any such medical condition(s), **I will consult my or the MINOR's physician for advice on the risks of the Activities before entering Nutrien Wonderhub or participating in the Activities.**
3. THERE ARE SERIOUS RISKS TO THE ACTIVITIES. Although serious injuries are uncommon, participation in the Activities may lead to INJURY OR DEATH. The Activities may include inherent risk to physical and/or emotional injury. Potential injuries include, but are not limited to, bruises, scrapes, broken bones, sprains, insect bites, allergic reactions, paralysis, trauma or death.
4. As the parent and/or guardian, I am solely responsible for the care and supervision of the MINOR. I am responsible to properly inform the MINOR of the inherent risks and dangers associated with the Activities. Nutrien Wonderhub is at no time responsible or liable for the supervision or care of any children, minors, or dependents.
5. Nutrien Wonderhub is not responsible for supervision or care of any personal property. There is a risk that my or the MINOR's personal property may be stolen or damaged while using Nutrien Wonderhub.
6. **I ASSUME ALL RISKS ASSOCIATED WITH USE OF NUTRIEN WONDERHUB** even if arising from negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent first aid operations or procedures of the organizer, the venue(s) and any persons associated with Nutrien Wonderhub.

7. **I RELEASE AND WAIVE ALL LIABILITY AND CLAIMS AGAINST NUTRIEN WONDERHUB** from any and all liability for any loss, damage, injury, death or expense that I or the MINOR may suffer as a result of our use of or presence at or participation in Nutrien Wonderhub or the Activities, due to any cause whatsoever, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE LAW AND ANY OTHER RELEVANT LEGISLATION OR STATUTES.
8. **I AGREE NOT TO SUE NUTRIEN WONDERHUB** for any loss, injury, death, costs or damages of any form or type, howsoever caused or arising, whether directly or indirectly from my or the MINOR's use of Nutrien Wonderhub or participation in the Activities.
9. **I AGREE TO INDEMNIFY, AND TO SAVE AND HOLD HARMLESS NUTRIEN WONDERHUB** from any litigation expense, legal fees, liability, damage, award or cost that it may incur due to any claim made against it based on or arising from my or the MINOR'S use of Nutrien Wonderhub or participation in the Activities.
10. This Agreement is governed by the laws of the Province of Saskatchewan.
11. **I ACKNOWLEDGE that I HAVE READ THIS DOCUMENT THOROUGHLY. I REPRESENT THAT I HAVE LEGAL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF THE BELOW NAMED MINOR(S)/DEPENDENT(S) AND AM DOING SO VOLUNTARILY.**

SIGNED AT SASKATOON, SASKATCHEWAN ON THIS DATE: \_\_\_\_\_

I HAVE READ THIS RELEASE

_____	
Signature of Parent/Guardian	Printed Name of Parent/Guardian
_____	
Name and Age of MINOR/DEPENDENT	Name and Age of MINOR/DEPENDENT

\*PARENTS/GUARDIANS PLEASE COMPLETE THIS FORM AND RETURN TO YOUR CHILD'S TEACHER BEFORE THE DATE OF THEIR VISIT.

