



WAIVER AND INDEMNITY (Trainee)

In consideration of my being permitted to participate as a trainee in the Green Certificate Farm Training Program (“the Program”) co-ordinated by Saskatchewan Agriculture and Food, I hereby acknowledge and agree, for myself and my heirs, executors, administrators and assigns:

1. That, as a trainee in the Program, I am not an employee or agent of the Government of Saskatchewan;
2. That I hereby release and discharge the Government of Saskatchewan, and all its ministers, employees, agents and representatives; and all trainees, trainers and testers under the Program, all school staff, all operators of farms or other premises where training or testing under the Program takes place, and all employees, agents, representatives and family members of those persons; from any and all claims, demands, damages, actions or causes of action for any loss, injury or damage to my person or property incurred by reason of my participation in the Program, including any that may be due to negligence of any of those persons;
3. That I hereby indemnify and hold harmless the persons mentioned in clause 2 against any and all liabilities, actions, claims and demands whatsoever that may be made against them, or any of them, arising from or by reason of my participation in the Program.

I HEREBY DECLARE THAT I HAVE READ THE FOREGOING WAIVER AND INDEMNITY AND FULLY UNDERSTAND ITS TERMS.

DATED this _____ day of _____, 20__.

(Signature of Witness)

(Signature of Trainee) (seal)

(Where trainee is under age 18, the parent or guardian must sign below.)

I, _____, parent or guardian of the above-mentioned trainee, in consideration of his/her being allowed to participate as a trainee in the above-mentioned Program, do hereby give my consent to such participation and agree, for myself and my heirs, executors, administrators and assigns, to indemnify and hold harmless the persons mentioned in clause 2 above against any and all liabilities, actions, claims and demands whatsoever that may be made against them, or any of them, arising from or by reason of the trainee’s participation in the Program, including any claims made by the trainee.

DATED this _____ day of _____, 20__.

(Signature of Witness)

(Signature of Parent/Guardian) (seal)