Canadian Chronic Wasting Disease Voluntary Herd Certification Program Registration Form

This registration form is hereby submitted for participation in the Canadian Food Inspections Agency's (CFIA) Canadian Chronic Wasting Disease (CWD) Voluntary Herd Certification Program.

Please print clearly.										
Name of Operator:				Farm Name:						
Herd Letters:	Licence Number	:	Telephone:		Fa	Fax:				
Land Location(s) for the above mentioned licence.										
Please include Quarter, Section, Township, Range, and Meridian of all land locations associated with your licence.										
All Legal Land Descriptions:					Farm Located in R.M. #					
Are you the owner of the above land location(s)? YES \(\square\) NO \(\square\)										
Are there more domestic game farm licences associated with the land location(s) listed above? NO										
Licence Number and Herd Letters of associated licences (if applicable)										
Species raised on the licensed game farm:										
☐ Antelope	☐ Caribou	☐ Elk	☐ Fallo	w Deer	☐ Mod	ose				
☐ Musk Deer	Reindeer	☐ White-tailed	Deer							

The operator agrees to the following conditions:

1. Indemnification and Release

Release:

The operator agrees to assume all risks and responsibility for and in connection with the Program, any aspect of the Program or its implementation, including the operator's participation therein, and agrees that Her Majesty in right of Canada, including CFIA, its officers, employees, contractors and agents are not responsible for any loss or damage caused by, arising out of or attributable to the Program, any aspect of the Program or its implementation, including the operator's participation therein and the operator hereby releases and forever discharges Her Majesty the Queen in right of Canada, including CFIA, and its officers, employees, contractors and agents from all claims and demands, actions, suits or other proceedings whatsoever and by whomsoever made, sustained, brought or prosecuted in any manner which the operator, their heirs, executors, administrators, or assigns or any of them or any other person hereafter can, shall or may have based on, caused by, arising out of, attributable or with respect to the Program, any aspect of the Program or its implementation, including the operator's participation therein. Without limiting the generality of the foregoing, the operator assumes sole responsibility for any death or losses e.g. capture myopathy, which may occur when animals are being handled for purposes of inspection, sampling, testing or identification for purposes of the voluntary program.

■ Indemnity:

The operator agrees to indemnify and save harmless Her Majesty the Queen in right of Canada, including CFIA, its officers, employees, contractors and agents from and against all claims and demands, actions, suits or other proceedings whatsoever, by whomsoever made, sustained, brought or prosecuted in any manner, based upon, caused by, arising out of or attributable or with respect to the Program, or any aspect of the Program or its implementation, including the operator's participation there in.

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2. Information Sharing

• Personal Information:

The operator acknowledges that the program administrator, Saskatchewan Agriculture and Food (SAF), and CFIA will collect the operator's personal information. The operator also consents to and authorizes the program administrator (SAF) and CFIA to share and collect information from each other and the accredited veterinarian. The operator also consents to and authorizes the program administrator (SAF) and CFIA to use the operator's personal information as necessary for the implementation and administration of this program, and to disclose the operator's herd status, the operator's name, farm name, and the address to each other, to the accredited veterinarian and to the public.

The operator further authorizes:

- (a) Prairie Diagnostic Services (PDS), or any other designated laboratory, to release CWD test results on submitted samples to the program administrator, Inspection and Regulatory Management Branch, SAF and CFIA; and
- (b) the program administrator (SAF) to disclose any information obtained by or submitted to the program administrator (SAF) related to the operator's game farm, to any government department or agency within or outside Saskatchewan for the purposes of regulating game farming or administering disease surveillance programs.

By signing this form:

I am choosing to participate in the Canadian Chronic Wasting Disease Voluntary Herd Certification Program; I acknowledge having reviewed the Certification Standards pertaining to the program and agree to abide by the requirements thereof, as they may be amended from time to time; I must also participate in the mandatory Saskatchewan's Cervid CWD Surveillance Program.

I hereby certify that:

- (a) I am authorized to submit this registration form on behalf of the operator and all other domestic game farm licence holders and owners whose cervids may, from time to time, be held at the operator's domestic game farm; and
- (b) The information contained in this form is accurate and complete in every respect.

Registrant's or Authorized Representative's Name (print)			Signature		
For Office Use On	nly:				
1 st Physical Inventory Date or Date Due	Previous CWD Status	Next Anniversary Date	TAP#	Level Assigned	Assigned By?
Approving Officia	al:		Enrolln	nent Date:	

The Program Administrator is: Saskatchewan Agriculture and Food

Inspection and Regulatory Management Branch

Room 201 - 3085 Albert Street Regina, Saskatchewan S4S 0B1

Telephone: (306) 787-4264

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