## FORM 5 - ASSUMPTION OF RISK / INDEMNITY AGREEMENT AND RELEASE CHRONIC WASTING DISEASE 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*.

## FORM 5 - ASSUMPTION OF RISK / INDEMNITY AGREEMENT AND RELEASE CHRONIC WASTING DISEASE 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
Administrator / Status Assessor- the Canadia agents from and against all claims, liabilities,	ease, indemnify and hold harmless the Regional an Sheep Federation, its officers, employees and losses, damages, costs, expenses and causes of the implementation and administration of the Chronic to the control of the chronic to th
Farmer Signature	Date:
Administrator- the Canadian Food Inspection agents from and against all claims, liabilities,	ease, indemnify and hold harmless the National Agency - the minister, its officers, employees and losses, damages, costs, expenses and causes of the implementation and administration of the Chronic in
Farmer Signature	Date:
Ministry of Agriculture, Food and Rural Affair Government of Saskatchewan (circle relevar agents from and against all claims, liabilities,	nt party), the minister, its officers, employees and losses, damages, costs, expenses and causes of the implementation and administration of the Chronic
Farmer Signature	Date:

## FORM 5 - ASSUMPTION OF RISK / INDEMNITY AGREEMENT AND RELEASE CHRONIC WASTING DISEASE HERD CERTIFICATION PROGRAM

l,	, consent to the Regional Administrator / Status Assessor- the
	releasing pertinent information about my farm to the National
Administrator- the Canadian	Food Inspection Agency for the purpose of the Chronic Wasting
	rogram, disease control and disease surveillance purposes.
	- J
Farmer Signature	Date:
<u> </u>	
l,	, consent to the Regional Administrator / Status Assessor- the
Canadian Sheep Federation	- releasing pertinent information about my farm to the Ontario
Ministry of Agriculture, Food	and Rural Affairs (OMAFRA), Manitoba Agriculture or the
· ·	an (circle relevant party) - for the purposes of regulating game
farming or for disease survei	
-	_
Farmer Signature	Date:
1	concept to the Optonic Ministry of Agriculture. Food and Dural
	, consent to the Ontario Ministry of Agriculture, Food and Rural
· · · · · · · · · · · · · · · · · · ·	Agriculture or the Government of Saskatchewan (circle relevant
	od Inspection Agency releasing pertinent information about my farm
to the Regional Administrato	r / Status Assessor- the Canadian Sheep Federation - for the
purposes of administering thi	is program.
Farmer Signature	Date:
I,	, consent to the National Administrator- the Canadian Food
	e Regional Administrator / Status Assessor- the Canadian Sheep
	ns enrollment and certification Status Level on their website or as
they otherwise deem approp	
	nato.
Farmer Signature	Date:
	, hereby authorize the Animal Health Laboratory (University
of Guelph), Prairie Diagnosti	c Services (University of Saskatchewan), the Canadian Food
	ner relevant laboratory to release the results of the test(s) to
Regional Administrator / Stat	tus Assessor- the Canadian Sheep Federation.
Farmer Signature	Date:
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(Rev 07/2020)