

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*.

I, _____, consent to the Regional Administrator / Status Assessor- the Canadian Sheep Federation releasing pertinent information about my farm to the National Administrator- the Canadian Food Inspection Agency for the purpose of the Chronic Wasting Disease Herd Certification Program, disease control and disease surveillance purposes.

Farmer Signature _____ Date: _____

I, _____, 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 Government of Saskatchewan (circle relevant party) - for the purposes of regulating game farming or for disease surveillance purposes.

Farmer Signature _____ Date: _____

I, _____, consent to the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), Manitoba Agriculture or the Government of Saskatchewan (circle relevant party), and the Canadian Food Inspection Agency releasing pertinent information about my farm to the Regional Administrator / Status Assessor- the Canadian Sheep Federation - for the purposes of administering this program.

Farmer Signature _____ Date: _____

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: _____

I, _____, hereby authorize the Animal Health Laboratory (University of Guelph), Prairie Diagnostic Services (University of Saskatchewan), the Canadian Food Inspection Agency or any other relevant laboratory to release the results of the test(s) to Regional Administrator / Status Assessor- the Canadian Sheep Federation.

Farmer Signature _____ Date: _____