OPERATION WOODSMAN

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, ("Participant"), acknowledge that I have voluntarily applied to participate in the following activities at Operation Woodsman (the "event"): (Historical reenactment employing airsoft firearms)

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE D

ACTIVITIES WITH KNOWLEDGE OF TH	D. I AM VOLUNTARILY PARTICIPATING IN THESE IE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND I OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE
I verify this statement by placing m	y initials here:
Parent or Guardian's initials (if unde	er 18):
John Woods and the Woods family, ar	by the Event, The event organizers, the property owners. and any lessor of the event premises ("Lessor"), to the event premises and facilities, I forever release the
event organizer and the property over	wner, and their respective directors,officers,
employees, volunteers, agents, con	tractors, and representatives (collectively
"Releasees")from any and all action	ns, claims, or demands that I, my assignees, heirs,
distributees, guardians,next of kin,	spouse and legal representatives now have, or may
have in the future, for injury, death,	or property damage, related to (i) my participation in
these activities, (ii) the negligence or other acts, whether directly connected to these	
activities or not, and however caused, by any Releasee, or(iii) the condition of the	
premises where these activities occ	cur, whether or not I am then participating in the
activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse	
and legal representatives will not mak	e a claim against, sue, or attach the property of any
Releasee in connection with any of the matters covered by the foregoing release.	
I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE EVENT, EVENT ORGANIZER AND THE PROPERTY OWNER, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.	
If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.	
Executed at , Spencerville Ontario, at Woods Farm , September 17,18.19.20.21 2025	
PARTICIPANT/RELEASOR PARENT OR GUARDIAN	
	Sign here
Address: City:	Street:

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED