Annex 3 – Release of Claims and Indemnity Agreement in Respect of Tour Activities Carried on by a Tour Operator

In consideration of TIAC Organization’s assessment and approval of _____________________________’s (name of Tour Operator) application for ADS tour operator designation in accordance with the Canada-China Inbound Tour Operator Registration Program (hereinafter “the program”), the ADS Tour Operator agrees

1. to RELEASE, WAIVE AND FULLY DISCHARGE The Tourism Industry Association of Canada and its officers, directors, employees, agents and representatives, and any other person, organization or entity involved in the oversight, management and operation of the program (all of whom are collectively referred to elsewhere in this document as “TIAC Organization”) from any and all claims, demands, obligations and liabilities of any kind or nature whatsoever arising from or connected, directly or indirectly, with the ADS Tour Operator’s activities (including without limitation any activity resulting in personal injury, death, property damage or loss), due to any cause whatsoever, including NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT AND BREACH OF ANY STATUTORY DUTY OR OTHER DUTY, and the ADS Tour Operator accepts that this release covers and includes, but is not limited to, all unknown and unforeseen claims, injuries, damages and losses, and any consequences thereof;

2. to fully INDEMNIFY and HOLD HARMLESS TIAC Organization from any damage, loss, liability, legal costs and other expenses that it may suffer or incur by reason of any claim against it arising from or connected, directly or indirectly, with the ADS Tour Operator’s activities (including without limitation any activity resulting in personal injury, death, property damage or loss), including any claim based on NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT AND BREACH OF ANY STATUTORY DUTY OR OTHER DUTY.

I have authority to bind the corporation.

________________________________________
(Applicant Tour Operator’s Legal Business Name)

per:

________________________________________  ______________________________________
(Name of Responsible Officer)    (Signature of Responsible Officer)

________________________________________
(Date)