

**UNIVERSITY OF WESTERN ONTARIO ("WESTERN")
PARTICIPATION WAIVER**

WARNING! BY SIGNING THIS LEGAL DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. *PLEASE READ CAREFULLY.*

NAME		STUDENT #	
ADDRESS	Street Address		
	City	Province	Postal Code
TELEPHONE	Primary	Secondary	EMAIL

ASSUMPTION OF RISK:

I AM AWARE THAT PARTICIPATION IN ACTIVITIES AT WESTERN INVOLVES VARIOUS RISKS, DANGERS AND HAZARDS, including but not limited to the risk of serious injury or death and negligence on the part of the University (defined below), which includes failure by the University to take reasonable steps to safeguard or protect me from injury or from risks, dangers and hazards of participation in Western activities. I understand that it is my responsibility to learn about and understand the risks, dangers and hazards of participating in Western activities and that I may contact Western staff if I require more information on these risks, dangers and hazards. **I FREELY CONSENT TO PARTICIPATE IN ANY WESTERN ACTIVITIES AND UNDERSTAND, ACCEPT AND ASSUME ALL SUCH RISKS TO WHICH I MAY BE EXPOSED, KNOWN AND UNKNOWN, FORESEEABLE AND UNFORESEEABLE, AND ASSUME ALL RESPONSIBILITY FOR ANY PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

I am aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: In consideration of approval to participate in activities at the University of Western Ontario, I hereby agree as follows:

_____ **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the University of Western Ontario, its directors, officers, employees and representatives (all of whom are referred to collectively as the "University")

_____ **TO RELEASE THE UNIVERSITY** from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the activities at Western due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

_____ **TO HOLD HARMLESS AND INDEMNIFY THE UNIVERSITY** from any and all liability for any damage to property of, or personal injury to, or costs, any third party, resulting from my participation in this activity.

_____ **THIS AGREEMENT** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns or representatives in the event of my death or incapacity.

_____ IN ENTERING INTO THIS AGREEMENT, I am not relying upon any oral or written representations or statements made by the University other than what is set forth in this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE AGAINST THE UNIVERSITY.

Signed this _____ day of _____, 2020

Signature of Participant

Witness

Please PRINT NAME clearly

Please PRINT NAME clearly