



carleton university
students' association

(Insert Name of Club and Organizing Event)
(Insert date/ date range of event)

WAIVER OF LIABILITY - This form is only for individuals who are under the age of 18.

**WARNING! BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL RIGHTS
INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY! PARTICIPANTS MUST BE 18 OR OLDER IF
PARTICIPANTS ARE UNDER THE AGE OF 18, A GUARDIAN MUST SIGN THE
WAIVER.**

NAME OF PARTICIPANT:

(Please print)

ADDRESS OF PARTICIPANT: _____

TELEPHONE NUMBER: _____

BIRTH DATE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

TELEPHONE NO. _____

NAME OF GUARDIAN (if under the age of 18):

(Please print)

ADDRESS OF GUARDIAN: _____
GUARDIAN'S TELEPHONE NUMBER: _____

RELATIONSHIP: _____

DISCLAIMER CLAUSE

The Trustees of Carleton University Students' Association Inc. AND **(club inserted in heading)**, their agents, officers, directors, employees, volunteers, contractors, or representatives (hereinafter refer to as "THE RELEASEES") are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in **(insert name of event)** and all related activities of **(insert name of Event)**, including injury, loss or damage which might be caused by the negligence of THE RELEASEES

Guardian Initials _____

(insert name of event/trip) includes transportation to and from Carleton University by **(insert type of transportation)**, visits to **(This section should include a short summary of the itinerary, highlighting the major details of transportation, accommodation and anything pertaining group schedule or free time)**

DESCRIPTION OF RISKS

In consideration of my participation in **(insert name of event)** program and all related activities, I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with **(insert name of event)** program and all related activities including THE POSSIBLE RISK OF SEVERE OR FATAL INJURY TO MYSELF OR OTHERS. These risks include, but are not limited to: **(Insert a list of the most obvious risks faced by the participants during the event)**

- Risks associated with travel to and from all venues of the various components including transport by public or private motor vehicle which could include but are not limited to an accident resulting in severe physical injuries or death;
- Intoxication and/or alcohol poisoning from the alcohol I consume during **(insert name of event)** program and all related activities whether voluntarily or through coercion resulting in illness, injury or death;
- Food-related illness resulting from any meal arranged for me by **(insert name of event)** organizers;
- Muscular injuries and soft tissue injuries, broken bones, bruises, scrapes, cuts, sprains, dislocation, head, facial eye and/or dental injuries which might result from participation in **(insert name of event/trip)**;

- Injuries resulting from falling or being knocked down or steep steps where a fall may cause injury or death;
- Injuries resulting from rough terrain, failure to see an obstacle, failure to negotiate a turn, etc.;
- Injuries resulting from walking on a hill, slipping and/or falling;
- Injuries resulting from malfunctioning of equipment or misuse of equipment whether owned, designed or operated by myself or the staff of the Releasees;
- Changes in weather or temperatures which may result in hypothermia, frostbite, windburn, sunburn, colds or flu;
- Death, injuries or illness resulting from failure to follow directions from those in charge of the program and all related activities;
- The risks associated with returning to my residence after participating in the program and/or related activities; and
- Other risks associated with being a spectator of or being present at a crowded, outdoor or indoor venue.

Guardian Initials _____

MEDICAL/HEALTH & TRAVEL INSURANCE

1. I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance. The Releasees will provide **no** medical/health insurance. In the of a medical/health problem, the Releasees accept no responsibility for any costs associated with a medical/health problem nor will they pay for any medical/health expenses that may be incurred by the participant.

2. I AM SOLELY RESPONSIBLE to select and purchase adequate travel insurance. The Releasees will provide **no** travel insurance. The travel insurance should provide cover against theft, personal accident, personal liability, repatriation and cancellation of tickets among other coverages. The Releasees accept **no** responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by the participant relating to these areas.

I freely accept and assume all responsibility to provide myself with medical/health and travel insurance coverage.

Guardian Initials _____

INDEMNIFICATION AND RELEASE OF LIABILITY

In return for allowing me to voluntarily participate in the program and all related activities, I agree:

1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participation in the **(insert name of event/trip)** program and all related activities, even though

such risks may be caused by the negligence of the Releasees;

2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE which I might sustain while participating in **(insert name of event/trip)** program and all related activities, even though such injury, loss or damage may have been caused by the negligence of The Releasees;

3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the **(insert name of event/trip)** program and all related activities;

4. TO HOLD HARMLESS, INDEMNIFY AND RELEASE THE RELEASEES, their officers, directors, agents, volunteers, employees and representatives from liability for any and all claims, demands, actions and costs which might arise out of my participation in **(insert name of event/trip)** program and all related activities, even though such claims, demands, actions and costs may be caused by the negligence of The Releasees.

Guardian Initials _____

MEDICAL CONDITIONS

I agree to advise the organizers of the Event prior to the start of the activity of any existing medical conditions or injury

Guardian Initials _____

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

SIGNED THIS _____ **day of , 20** _____ **, at Ottawa Ontario.**

Signature of Participant

Signature of Guardian

Signature of Witness

Printed Name of Witness

Address & Phone No. of Witness