



RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS AND ASSUMPTION OF RISK

Warning: By Signing This You Are Waiving Your Legal Rights and You Give Up the Right to Sue

Please Read Carefully

To: Federation of Students, University of Waterloo

Participant Name Signing This Form as a Participant: _____

ACTIVITY: _____
(Please print name of event or activity)

I desire to participate in the above event/ activity sponsored or organized by: _____ . I understand that in order to participate in this Federation of Students sponsored event/ activity, I must agree to be bound by this Release, **Waiver** and Assumption of Risk. (This form must be also signed by a parent or guardian if the participant is a minor. In some cases, proof of age may be required and be kept on file with the Federation of Students.)

In consideration of Federation of Students accepting this form, and my being permitted to participate in the above event/ activity, I must agree to this Release, **Waiver** and Assumption of Risk.

I waive any and all claims I may now and in the future have against, and release from all liability and agree not to sue the Federation of Students and its executives, employees, volunteers, agents or representatives (collectively its "staff"), for any personal injury, death and property damages, expenses or loss sustained by myself as a result of my participation in the above activity due to any cause whatsoever, including, without limitation, negligence, breach of statutory duty including duties arising from occupier's liability legislation, on the part of the Federation of Students or its staff.

I am aware that there are serious dangers and risks inherent in:

1. TRAVEL
2. WEATHER - Weather conditions may be extreme and can change rapidly without warning.
3. EQUIPMENT – Any equipment used during an event or activity as an aid or safety measure may fail or break.

I accept all the inherent risks of the above activities and the possibility of personal injury, death, property damage or loss resulting therefrom. I agree that I will be fully responsible for all costs and expenses that may be incurred in providing any special services to myself, outside of regular services agreed to or provided by the Federation of Students in connection with the activity, and without limiting the generality of the foregoing, I agree to be responsible for and to pay for all and any costs of special travel, medical attention or other special outlay for me personally, and to reimburse the Federation of Students and its staff for all costs of these services as may be incurred by them for my benefit or at my request.

In entering into this agreement, I am not relying on any oral, written or visual representations or statements made by the Federation of Students. I confirm that I am the full age of majority or, in the alternative, I have indicated that I am the guardian of the minor participant named, and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon myself (as a participant or guardian), my heirs, next of kin, executors, administrators and successors.

Turn page over and complete

SIGNED THIS _____ DAY OF _____, 200__

Participant's Signature: _____ **Print Name:**

Guardian's Signature (if applicable): _____ **Print Name:**

In the presence of Witness Signature: _____

Turn page over and complete