

# RELEASE OF LIABILITY, WAIVER OF ALL POSSIBLE CLAIMS, 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: Students' Association of Mount Royal University (SAMRU)**

**Participant Name**

Signing This **Form** as a Participant: \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

I desire to participate in the above event / activity sponsored or organized by SAMRU. I understand that in order to participate in this SAMRU 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 at SAMRU offices.)

In consideration of SAMRU 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 SAMRU 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 SAMRU 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.

*The personal information collected on this form will be used to administer and manage SAMRU's programs and services, and to maintain SAMRU's records. This information will be protected by the provisions of the Personal Information and Protection Act and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services that you have requested. We treat your personal information with care and respect, and use it to improve our services to you.*

**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 SAMRU 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 SAMRU 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 SAMRU. 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.**

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

**Participant's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Guardian's Signature (if applicable):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**In the presence of Witness Signature:** \_\_\_\_\_

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