



## PHYSICAL ACTIVITY OR OVERNIGHT WAIVER

Activity: \_\_\_\_\_

Overnight: Yes  No

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement. By signing this document you will waive certain legal rights, including the right to sue – please read carefully!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

For purposes of this agreement "THE RELEASEES" refers to the University of Guelph, Central Student Association, Interhall Council, the 6 College Governments and their respective student groups.

I hereby agree to the following:

- I am aware that there is potential risk of injury involved in participating in the above-mentioned activity.
- I freely accept and fully assume all such risks, dangers and hazards associated with or related to the above-mentioned physical activity including such possibilities as personal injury, death, property damage or loss.
- To release the releasees 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 above mentioned activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care.
- To hold harmless and indemnify the releasees from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this event.
- This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity resulting from my participation in this event.
- In entering into this agreement, I am not relying upon any oral or written representations or statements made by the Releasees 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 WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this \_\_\_\_\_(day) \_\_\_\_\_(month), \_\_\_\_\_(year).

Participant signature: \_\_\_\_\_

Witness name: \_\_\_\_\_

Witness signature: \_\_\_\_\_