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| TO: **McMASTER UNIVERSITY** (the “University”) | | | | | | |
| **Name of Participant** | Last Name: | | | First Name: | | |
| **Address** | Street: | | | | | |
| City: | | Province: | Country: | | Postal Code: |
| Phone Number: | | | Email: | | | |
| Birth Date: (mm/dd/yy) | | Student ID Number (if applicable): | | | Employee ID Number (if applicable): | |
| **Emergency Contact** | Last Name: | | | First Name: | | |
| Relationship: | | | Phone Number: | | |
| Faculty: | | | Department: | | | |
| Activities: | | | | | | |
| **Location** | Main Campus ☐ | | Innovation Park ☐ | Downtown Centre ☐ | | Other: ☐ Specify: |

**Assumption of Risk:**

I am aware that by participating in the Activities noted above, I will be exposed to many inherent risks and dangers (“Risks”) that may result in, among other things, mild or severe illness, physical injury, partial or total disability, death and/or property loss or damage. These Risks include, but are not limited to, risks and dangers arising from:

1. **TERRAIN & PHYSICAL ENVIRONMENT** whether visible or not, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, injury or loss arising from falls on steep, slippery or uneven terrain, from falling trees or other objects, from obstructions and from other participants in the Activities.
2. **EQUIPMENT, MACHINERY OR OTHER DEVICES** including, without limitation, any equipment deployed in respect of my Activities or by others, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury arising from the use, misuse, malfunction or breakdown of any equipment, machinery or similar device that may be deployed or used.
3. **TRAVEL** including, without limitation, travel to an from any locales scheduled to be visited or not by any means whatsoever including without limitation public or private bus, motor vehicle, boat, aircraft, helicopter or similar craft and injury or accident from being the operator of a vehicle and loading/unloading equipment or supplies from vehicles and any manner of injury or loss of any nature whatsoever arising therefrom.
4. **WEATHER** and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury resulting from exposure to weather conditions, including but not limited to cold, heat, sunlight, snow, ice, wind, hail, rain, sleet, fog, mist or similar condition.
5. **NON-HUMAN LIFE** of any nature whatsoever, including without limitation, any animal, insect, fish, bird, fungus, vegetation, bacteria or virus and any injury or loss of any nature whatsoever occurring therefrom.
6. **OTHER HAZARDS** including without limitation hypothermia, allergens, noxious gases, electrocution, shock, drowning, chemicals (including, without limitation, herbicides, pesticides, acid and caustic bases), radioactive materials, radiation, x-rays or theft of property and any manner of injury whatsoever arising therefrom.

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| **I agree with the foregoing and freely accept and fully assume all Risks and acknowledge the possibility of, and agree to be solely responsible for personal injury, death, disability, property damage or loss resulting from the Risks except where such arises as a result of the negligence or willful misconduct of the University.** | **Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Acknowledgement**:

1. I am solely responsible to select and purchase medical/health insurance adequate for the Activities and having regard to the Risks and that no medical/health insurance will be provided by the University. In the event of a medical/health problem I acknowledge and agree that the University accepts no responsibility for any costs associated with a medical/health problem not covered by my own personal plans nor will it pay for any medical/health expenses that may be incurred by me.
2. I will follow and abide by any and all risk assessments, health and safety regulations and instructions, including the above-noted if applicable, received prior to taking part in the Activities.
3. I agree to follow all rules, guidelines, health and safety regulations, laws and any other considerations to be adhered to and acknowledge that failure to comply could result in my being removed from the Activities and sent home. The University accepts no responsibility for nor will the University pay for any costs incurred should I be required to return home early due to my behavior or violations.
4. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the University other than set forth in this Agreement.
5. 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.

**I agree with and freely accept the responsibility for the foregoing.** **Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release of Liability, Waiver of Claims and Indemnity Agreement:**

In consideration of the University allowing me access to participate in the Activities I agree:

1. **SUBJECT TO THE TERMS OF THIS AGREEMENT, TO ASSUME AND ACCEPT ALL RISKS** of any nature whatsoever arising out of, associated with or related to my participation in the Activities and with respect to any and all related activities.
2. **TO RELEASE THE UNIVERSITY** from any and all liability of any nature whatsoever including, without limitation, breach of contract, or breach of any statutory duty or other duty of care and for any loss, damage, injury or expense of any nature whatsoever that I may suffer or incur, or that my next of kin may suffer or incur as a result of my participation in the Activities; provided always however such release shall not apply to any loss, damage, injury or expense that I may suffer or incur as a result of the negligence or willful misconduct of the University.
3. **TO**:
4. be liable to the University for; and
5. indemnify and hold harmless the University, its agents, advisors, volunteers, directors and employees from and against any and all liabilities, claims, suits or actions, costs, damages and expenses (and without limiting the generality of the foregoing, any losses, costs, damages and expenses of the University, including costs as between a solicitor and his own client) which may be brought or made against the University or which the University may pay or incur as a result of or in connection with:

my participation in the Activities where any loss or damage of any nature is caused by my negligence or willful misconduct or any other cause except for the negligence or willful misconduct of the University.

**This indemnity shall survive the expiry or earlier termination of this Agreement. Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Protection of Privacy** – The personal information requested on this form is collected under the authority of *The McMaster University Act, 1976* and is protected under the Ontario *Freedom of Information and Privacy Protection Act*. The personal information collected will be used for the purposes of implementing this Participant Waiver Agreement. Please direct any questions to the person listed below:

**Name: Position Title:**

**Office Mailing Address: Telephone No.**

**I acknowledge that I have read, understood and agree with this Participant Waiver Agreement; that I appreciate and accept the Risks; that I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against the University; and that I have executed this Agreement voluntarily.**

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| **SIGNED THIS** \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |
| Signature of Participating Employee/Student | Printed Name of Participating Employee/Student |
| Signature of Parent or Legal Guardian for Minor | Printed Name of Parent or Legal Guardian of Minor |
| Signature of Witness | Printed Name of Witness |
| **This Agreement must be completed in full (signed, dated, witnessed and initialed where indicated) before the Activities may begin.** | |