

**McMASTER UNIVERSITY**  
**ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER**  
SPECTATOR/CULTURAL/SOCIAL EVENTS/BUS TRIPS/EVENT INVOLVING ALCOHOL  
*BY SIGNING THIS LEGAL DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS,*  
*INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY.*

Trip/Event/Location: \_\_\_\_\_

Date: \_\_\_\_\_ Organization: \_\_\_\_\_

**ASSUMPTION OF RISKS and ASSUMPTION OF RESPONSIBILITY**

ALCOHOL MAY BE CONSUMED DURING THIS TRIP/EVENT YES  NO

I REALIZE THAT THERE ARE POTENTIAL RISKS INHERENT IN MY PARTICIPATION IN THIS OUTING.

I freely and voluntarily accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, during all the time of this trip/event, resulting from activities during this trip/event.

I accept my responsibility to abide by the laws of the country, to ensure that I have adequate medical coverage, protect personal possessions and obey all the rules set out for this trip/event.

**LIABILITY WAIVER and INDEMNIFICATION**

In consideration of approval to participate in this trip/event, I and any personal representative, hold harmless, release and forever discharge McMaster University and (organization), their directors, officers, faculty, staff, students, volunteers, agents, trainees, or employees from any and all actions, causes of actions, including negligence, claims and demands for damages, loss or injury, resulting from or arising out of my participation in this trip/event.

I also indemnify and save harmless McMaster University and (organization) \_\_\_\_\_ from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in this event, by reason of damage to any and all property and any and all personal injuries, including death of others or myself.

Participant (Print name): \_\_\_\_\_ Student/Employee number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Witness as to Signature of Participant

Date: \_\_\_\_\_

Please check the appropriate boxes and initial that you have read the following questions:

	YES	NO	Initials
1. Do you read and understand English?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do you understand the purpose of this waiver?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. This event has inherent risks. Do you understand these risks?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are you willing to assume these risks?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**IF YOU HAVE CHECKED "NO" TO ANY OF THE ABOVE, PLEASE DISCUSS THIS WAIVER WITH THE PRIMARY EVENT ORGANIZER/STUDENT LEADER ADMINISTERING THE WAIVER.**