

McMASTER UNIVERSITY
ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER
PARTICIPATORY SPORTING EVENT
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

I REALIZE THAT PARTICIPATION IN ATHLETIC ENDEAVOURS ENTAILS THE RISK OF INJURY TO ME. SUCH RISKS MAY INCLUDE, BUT ARE NOT RESTRICTED TO SLIPS, FALLS, PHYSICAL CONTACT WITH OTHER PEOPLE, EQUIPMENT OR FACILITIES, ABNORMAL CLIMATIC CONDITIONS OR ENDEAVOURS AT HIGH SPEED.

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 the travel arrangements, attendance at (event) _____ and any other related 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.