

RELEASE OF LIABILITY, WAIVER OF CLAIMS:

ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. <u>PLEASE READ CAREFULLY</u>.

PARTICIPANT'S NAME: (HEREIN AFTER CALLED 'PARTICIPANT')			
Student Number	Surname (Family name)	First name	Middle Initial

STATEMENT OF RISKS

RRU program activities are a valuable educational opportunity, but not without potential risks, dangers, hazards, and liabilities to all Participants. These include, but are not limited to, personal injury, death, property damage, delay or inconvenience, expense and other loss, and cancellation or curtailment of the program activity. There are also specific health and safety risks related to communicable disease, including (but not limited to) COVID-19. All persons taking part in the program activity are required to accept these and all other risks as a condition of their participation. Royal Roads University, its instructors, employees, servants, agents, successors, administrators, assigns, and contractors, (hereinafter referred to as Royal Roads University) will not accept any liability for injury, loss, damage or expense suffered by any Participant as a result of participation in the activity. The information set forth in this agreement is intended to enable the Participant to better understand and accept the various risks involved. All Participants will be required to sign this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement, which will release Royal Roads University from any future claims which might arise as a result of participation in the program activity.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

TO: ROYAL ROADS UNIVERSITY

I, _____, am aware that this activity involves potential risks, dangers, hazards and liabilities including, but not limited to those referred to in the Statement of Risks set forth above. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, property damage, or loss, resulting there from.

In consideration of Royal Roads University allowing my participation in this activity I hereby agree:

- 1. To waive Royal Roads University, and its members, officers, employees, students, agents, volunteers and independent contractors, (all of whom are hereinafter collectively referred to as "the Releasees") of ANY LIABILITY resulting from any act which may cause injury, pain or damages to myself, others, or to property. The term "act" includes any action or lack of action performed while impaired. The student further WAIVES the right to file ANY CLAIM against the Releasees which may or may not arise from enrolling, participating, completing or withdrawing from the course.
- 2. 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.

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 UNDERSTOOD THIS AGREEMENT AND 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 of _____, 2024

SIGNATURE OF PARTICIPANT	PRINT PARTICIPANT'S NAME

*If 19 years and under a parent/guardian/sponsor is responsible for authorization to participate in activities. This form must be countersigned below.

Name (Please print):	
Signature:	
Relationship to student:	
Dater (dd/mm/yyyy):	