

Nipissing University Crown Ward Mentorship Program

Activities Authorization Consent Form and Liability Waiver and Indemnity Agreement

Your signature on this form will indicate that you have given permission to participate in all activities planned by Nipissing University's Crown Ward Mentorship Program in conjunction with the Crown Ward Education Championship Team. Some of these activities may include but are not limited to, workshops, tours, educational sessions, guest speakers, indoor/outdoor recreational activities, varsity sporting events, and arts based activities. As such, it is required that all participants read, and sign the Activities Authorization Consent Form and Liability Waiver and Indemnity Agreement before participating. If a participant is a minor (under the age of 18) a guardian and/or CAS worker must also sign the Activities Authorization Consent Form and Liability Waiver and Indemnity Agreement.

Assumption of Risk

I hereby acknowledge that certain risks of injury are inherent to participation in recreational activities, on campus activities and classroom activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or interactions of others or a combination of both. I hereby agree that the Nipissing University, and/or Nipissing University Crown Ward Mentorship Program in association with the Crown Ward Education Championship Team, its staff and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities. I declare having read and understood this agreement in its entirety and hereby give my consent to participate knowing all of the foregoing.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Nipissing University agreeing to allow participation in the Crown Ward Mentorship Program and permitting his or her use of its facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

To WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Nipissing University, its Directors, officers, employees, agents, instructors, independent contractors, subcontractors and representatives (all of whom are herein referred to as the Releases) and to RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that my child may suffer as a result of their participation in the Crown Ward Mentorship Program activities, due to any cause whatsoever, including NEGLIGENCE, BREACH OF CONTRACT, BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASEES AND FURTHER, INCLUDING FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD AND PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITIES REFERRED TO ABOVE. I agree to hold harmless and to indemnify the Releases from any and all liability for any property damage or personal injury to any third party resulting from my participation in the Crown Ward Mentorship Program activities. I agree that this agreement shall be binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death. I agree that this agreement shall be governed and interpreted in accordance with the laws of the Province of Ontario and any litigation involving the parties to this agreement shall be brought in

Ontario. In entering into this agreement I am not relying on any oral or written representation or statements made by the Releases with respect to the safety of the Crown Ward Mentorship Program other than as set forth in this agreement.

PARTICIPANT NAME: _____
(PLEASE PRINT)

PARTICIPANT SIGNATURE: _____

GUARDIAN NAME: _____
(PLEASE PRINT)

GUARDIAN SIGNATURE: _____

CAS WORKER NAME: _____
(PLEASE PRINT)

CAS WORKER SIGNATURE: _____

Dated this _____ day of _____, 2017.