

Waiver of Claims and Release from Liability
(Where Activity is Inherently Dangerous & Requires Medical Confirmation)
PLEASE READ CAREFULLY

Please read this document carefully before signing. By signing this document, you are assuming risks which may have financial and other consequences for you and/or your family should you be injured or killed while participating in any of the activities described below.

The undersigned student (the "Student") wishes to participate in the activities that are offered by the University as part of the curriculum or linked to research and other authorized activities, which are listed below:

A) Detailed Description of Activity(ies):

B) Specific Risks Faced by Participant:

C) Duration of Activity(ies):

D) Location of the Activity(ies):

E) Level of Supervision (if any):

The Student acknowledges and agrees that in exchange for and as a condition of their participation in any of the activities listed above, they shall assume full responsibility for any damage to property which may be sustained in connection with their participation in any of the activities listed above. The Student further acknowledges that:

- they are aware that participation in any of the activities listed above may be hazardous and could result in damage or injury including death;
- they are in satisfactory physical and mental condition to safely participate in the activities listed above;
- prior to their participation in the activity or activities listed above, they have disclosed to the Professor/Instructor and Department or Division Chair any

allergy or other medical condition that may affect their ability to safely participate in the activities listed above;

- they are competent to sign this document;
- they have read and understands the terms of this document;
- they have attached a signed note from a medical doctor which confirms that:

1) the medical doctor has reviewed this waiver and has concluded that the Student is in satisfactory physical condition to safely participate in the activity(ies) listed therein; and

2) the medical doctor has listed the Student's allergies or other medical conditions, if any, that may affect the Student's safe participation.

Accordingly, the Student hereby releases the Faculty, Nipissing University, its agents, employees and volunteers from all liabilities, claims, demands, actions and causes of action of any nature whatsoever arising from or related to any injury, including loss of life, that the Student may sustain, howsoever arising, including any damage, loss, theft or destruction of property, injury or death resulting from the negligence of Nipissing University, its agents, employees or volunteers, while attending at, participating in or travelling to or from any of the activities listed above.

Assumption of Risk: Despite the risks involved and as consideration for being allowed to participate in the activities listed above, I agree to expressly assume any and all risk of injury or death that might be associated with my participation in the activities listed above and use of the facilities at Nipissing University.

This document shall bind the Student's heirs, estate trustees, successors and assigns.

Signed on the ____ day of _____ , _____ .

Student's Name _____

Local Address _____

Student's Signature _____

Witness' Signature _____

Emergency Contacts

Name _____ Telephone Number _____

Name _____ Telephone Number _____