



**UADC Fall Open House (September 22, 2022)
University of Alberta Dance Club**

RELEASE OF LIABILITY, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY

BY SIGNING THIS FORM, YOU ACCEPT CERTAIN LEGAL OBLIGATIONS AND GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

INITIALS

Name of Participant	Last Name:	First Name:
Identification Number: (UAlberta ID, if applicable)	Email Address:	
Address:	City, Province:	
Emergency Contact:	Last Name:	First Name:
Relationship:	Phone Number:	

Assumption of Risks

In consideration of my participation in the UADC Fall Open House, I acknowledge that I am aware of, and freely accept **all risks, dangers and hazards** associated with being a participant in the UADC Fall Open House, including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to:

1. Injuries, incidents or property damage resulting from travel to and from all locations, venues and destinations in relation to the UADC Fall Open House;
2. Injuries or illness resulting from a failure to follow directions, instructions and/or guidelines provided by those in charge of the event;
3. General health risks such as allergic reactions to food, animals, and environment;
4. Injury or loss arising from slips, trips, and falls on steep, slippery or uneven terrain;
5. Impact with obstructions, equipment, other participants or spectators, visible or non-visible;
6. Potential for bone and muscular skeletal injury, such as sprains and strains;
7. Episodes of light headedness, fainting, chest discomfort, leg cramps and nausea;
8. An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;
9. All manner of injury arising from falling and impacting against the floor surface, walls, apparatus/equipment or the ground;
10. Potential exposure to infectious and communicable disease, including but not limited to COVID-19.

Initials: _____

Release of Liability and Indemnification

In consideration for the University allowing me to participate in the UADC Fall Open House, I agree:

1. that the Governors of the University of Alberta, University of Alberta Dance Club, their officers, employees, and volunteers (hereinafter referred to as the "University") are not responsible for any loss, damage, injury or expense of any kinds sustained by me while participating in the UADC Fall Open House and all related activities, except to the extent that any loss, damage, injury or expense that might result from the negligence of the University;
2. to **WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the University arising out of any aspect of my participation in the UADC Fall Open House and **to RELEASE** the University from any and all liability resulting from any loss, damage, injury (including death) or expense that I may suffer as a result of my participation in the UADC Fall Open House, due to any cause whatsoever, including without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, as well as any duty of care owned under the *Occupiers' Liability Act* (Alberta) on the part of the University;
3. to **INDEMNIFY AND HOLD HARMLESS** the University in relation to:
 - a. any damage to University property caused by me;
 - b. any and all liability for any damages to the personal property of, or personal injury to, any third party resulting from my participation in the UADC Fall Open House; and
 - c. any and all claims, demands, actions and costs which might arise out of my participating in the UADC Fall Open House, except to the extent that any loss, damage, injury or expense that might result from the negligence of the University.

Initials: _____

Acknowledgement



I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives. Further, I acknowledge and agree:

1. To follow all rules and guidelines set out by the University and its representatives related to the UADC Fall Open House and all related activities.
2. That I will participate safely and within my abilities. I hereby state and verify that I am physically and mentally fit to participate.
3. That I will wear appropriate attire, including footwear, for the activities.
4. I will follow all guidelines for infection prevention and control as required, including social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to prevent the spread of COVID-19 and other communicable diseases.
5. I will follow health authority self-isolation guidelines and stay home if I feel ill.

SIGNED THIS _____ day of _____, 20_____, at Edmonton, Alberta.

Signature of Participant (must be over 18)

Signature of Witness

Print Name

Print Name

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administering the activity and/or to communicate with the emergency contact in case the participant is seriously injured or ill. Direct any questions about this collection to: Office of the Dean of Students, 5-02 Students Union, 8917-116 Street NW, 780-492-4145, dosdean@ualberta.ca

Note: This waiver must be copied (in colour, if possible) to a single double-sided page and completed in full (initialed, signed, dated, witnessed) before any participant may begin this activity. No changes to the document may be made except by the Dean of Students or Insurance & Risk Assessment staff. Signed documents will be kept for a minimum of ten years.

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University of Alberta Dance Club**

INFORMED CONSENT

PARENT/GUARDIAN: PLEASE READ CAREFULLY

BY SIGNING THIS FORM, YOU ACCEPT CERTAIN LEGAL OBLIGATIONS

INITIALS

Name of Participant	Last Name:	First Name:
Identification Number: (UAlberta ID, if applicable)		Age:
Address:		City, Province:
Emergency Contact:	Last Name:	First Name:
Relationship:		Phone Number:

Assumption of Risks

In consideration of my child’s participation in the UADC Fall Open House, I acknowledge that I am aware of, and freely accept **all risks, dangers and hazards** associated with my child being a participant in the UADC Fall Open House, including the possible risk of severe or fatal injury to my child or others. These risks include, but are not limited to:

1. property damage resulting from travel to and from all locations, venues and destinations in relation to the UADC Fall Open House;
2. Injuries or illness resulting from a failure to follow directions, instructions and/or guidelines provided by those in charge of the event;
3. General health risks such as allergic reactions to food, animals, and environment;
4. Injury or loss arising from slips, trips, and falls on steep, slippery or uneven terrain;
5. Impact with obstructions, equipment, other participants or spectators, visible or non-visible;
6. Potential for bone and muscular skeletal injury, such as sprains and strains;
7. Episodes of light headedness, fainting, chest discomfort, leg cramps and nausea;
8. An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;
9. All manner of injury arising from falling and impacting against the floor surface, walls, apparatus/equipment or the ground;
10. Potential exposure to infectious and communicable disease, including but not limited to COVID-19.

Initials: _____

Release of Liability and Indemnification

In consideration for the University allowing my child to participate in the UADC Fall Open House, I agree:

1. that the Governors of the University of Alberta, University of Alberta Dance Club, their officers, employees, and volunteers (hereinafter referred to as the “University”) are not responsible for any loss, damage, injury or expense of any kinds sustained by my child while participating in the UADC Fall Open House and all related activities, except to the extent that any loss, damage, injury or expense that might result from the negligence of the University;
2. to **WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the University arising out of any aspect of my child’s participation in the UADC Fall Open House and **to RELEASE** the University from any and all liability resulting from any loss, damage, injury (including death) or expense that my child may suffer as a result of my child’s participation in the UADC Fall Open House, due to any cause whatsoever, including without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, as well as any duty of care owned under the *Occupiers’ Liability Act* (Alberta) on the part of the University;
3. to **INDEMNIFY AND HOLD HARMLESS** the University in relation to:
 - a. any damage to University property caused by my child;
 - b. any and all liability for any damages to the personal property of, or personal injury to, any third party resulting from my child’s participation in the UADC Fall Open House; and
 - c. any and all claims, demands, actions and costs which might arise out of my child participating in the UADC Fall Open House, even though such claims, demands, actions and costs may have been caused by the negligence of the University.

Initials: _____



Acknowledgement

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives. Further, I acknowledge and agree:

1. To instruct my child to follow all rules and guidelines set out by the University and its representatives related to the UADC Fall Open House and all related activities.
2. That I will instruct my child to participate safely and within his or her abilities.
3. That I will instruct my child to wear appropriate attire, including footwear, for the activities.
4. To instruct my child to follow all guidelines for infection prevention and control as required, including social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to prevent the spread of COVID-19 and other communicable diseases.
5. To instruct my child to follow health authority self-isolation guidelines and stay home if they feel ill.

Signed this _____ day of _____, 20 _____, at _____.
(City, Province)

Signature of Parent/Guardian

Signature of Witness (Non-Family Member)

Printed name of Parent/Guardian

Printed Name of Witness

Witness Address (If not University employee)

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administering the activity, managing records retention, and/or to communicate with the emergency contact in case the participant is seriously injured or ill. Direct any questions about this collection to: Office of the Dean of Students, 5-02 Students Union, 8917-116 Street NW, 780-492-4145, dosdean@ualberta.ca

Note: This informed consent must be copied (in colour, if possible) to a single double-sided page and completed in full (initialed, signed, dated, witnessed) before any participant may begin this activity. No changes to the document may be made except by the Dean of Students or Insurance & Risk Assessment staff. Signed documents will be kept for a minimum of ten years after the participant reaches the age of 18.