

YOUR STUDENTS UNION.CA

WAIVER FORM

<i>(herby referred to as the "Event")</i>	
<i>Name of Event</i>	<i>Event Venue/Location</i>
<i>Date(s) of Event</i>	<i>Event Start Time</i>
<i>Organizing Group (Club or Association Name)</i>	<i>Event End Time</i>
<i>Name of Event Organizer (Club member in charge of event)</i>	<i>Contact Number for Event organizer</i>

Acknowledgement of Risk & Responsibility

- I accept full responsibility for my actions for the entire duration of this event.
- I acknowledge that the Wilfrid Laurier University Students' Union and its officers, directors, employees, volunteers and the event organizers are in no way responsible for lost or stolen property, bodily injury or any other misfortune that might come to me as a result of my participation in this event.
- I acknowledge that I will not hold the Wilfrid Laurier University Students' Union and its officers, directors, employees, volunteers and the event organizers liable or responsible for any injury or damages sustained from activities related to participation in the Event.
- I acknowledge that there are certain inherent and unavoidable risks in all activities, and will take reasonable steps at all times during this event to avoid placing myself in dangerous and/or potentially hazardous situations.
- I am in good health and have never been told by a doctor NOT to do physical activity.
- I will notify event organizers prior to the beginning of the event of any health conditions that may be associated with the risk of a medical emergency (e.g. severe allergies).
- I hereby grant permission to the event organizers to photograph and video me, and otherwise capture my image, and to make recordings of my voice to be used in marketing materials at the event or location noted above.

I have read the above and agree to participate in the event using my free will and good judgment.

	Name (Please Print)	Signature
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