



RELEASE, WAIVER & INDEMNITY

- **Event Name:** _____ (hereby referred to as "the Event")
- **Event Date:** _____
- **Event Location:** _____

For and in consideration of being permitted to participate in the aforementioned event (including related travel) **I, THE UNDERSIGNED, ON BEHALF OF MYSELF, MY HEIRS, SUCCESSORS AND ASSIGNS, HEREBY FULLY RELEASE AND FOREVER DISCHARGE** the Wilfrid Laurier University Students' Union together with its respective officers, directors, employees, volunteers, servants and agents, and its successors and assigns (hereinafter collectively referred to as the "Releasee"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person or my death or any one or more of the foregoing, arising directly or indirectly out of my participation for any purpose in the Event and **I FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS** the Releasee for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, legal fees and costs of investigation), and actions of any kind or description for any damage to or loss of my property or the property of another, any injury to me or my death, or the injury to or death of any other person or any one or more of the foregoing, arising out of my participation for any purpose in the Event, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASEE, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASEE. IT IS MY EXPRESS INTENT THAT THE ABOVE RELEASE INCLUDES THE RELEASE BY ME OF THE RELEASEE FROM THE CONSEQUENCES OF THE RELEASEE'S OWN NEGLIGENCE.**

By execution below I hereby acknowledge that I recognize and assume all of the risks associated with the Event. I understand that the Event does not provide insurance coverage to cover any injuries or damages which I may sustain as a result of my participation in the Event.

Name of Student (Please Print): _____

Signature of Student: _____

Student Number: _____

Date of Birth: _____

Date Signed by Student: _____

Witness Name (Please Print): _____

Witness Signature: _____