



MINOR PARTICIPANT RELEASE OF LIABILITY, RISK ACKNOWLEDGEMENT AND INDEMNITY AGREEMENT

By signing this document you consent to your child's voluntary participation with the University of Lethbridge High School Honour Band and give the University the authority to secure medical assistance for which you agree to be financially responsible. You are also agreeing to assume financial responsibility for any damage to third persons for which your child is legally liable.

INITIAL: _____

TO: THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND OTHER PARTICIPANTS (ALL OF WHOM ARE COLLECTIVELY REFERRED TO AS THE "RELEASEES"),

CHILD'S FIRST NAME: _____ SURNAME: _____ AGE: _____

PARENT'S/GUARDRIAN'S FULL NAME: _____ Telephone#: _____

Address: (City) _____ (Province) _____ (Postal Code) _____

THE ACTIVITY:

The University of Lethbridge is hosting a two day high school honour band festival at its campus in Lethbridge, AB on February 20 and 21, 2020 which includes performances at and for the local teacher's convention as well as rehearsals leading up to the event. Participation and registration with the University of Lethbridge High School Honour band is voluntary and may be withdrawn in writing at any time (all hereinafter referred to as "The Event").

DESCRIPTION AND ASSUMPTION OF RISKS:

The University will supervise and orientate the ensemble participants to the University campus and it's Event; it is also the expectation that the participants abide by the Event's rules and schedule and any refusal, failure or inability to meet the commitment required therein may result in the withdrawal of the opportunity to participate.

While the University implements procedures for safety, there are risks inherent to the Event and to the campus setting that your child may be exposed to. These risks may include, but are not limited to:

- **INJURY:** potential for bodily injury while participating in the Event and its activities;
- **PROPERTY:** potential for loss of personal property (by damage, theft, vandalism)

Furthermore, in the unlikely occurrence that your child requires medical treatment, you also understand and accept that the RELEASEES cannot assume financial responsibility for any associated costs therein and **acknowledge that as the undersigned you are responsible for your child's health, medical, dental and property insurance** and any accompanying costs above and beyond such insurance coverage. You further authorize the activity organizers to secure medical advice and services as in their sole discretion is deemed reasonable and necessary for your child.

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT:

I hereby release the RELEASEES of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from my child's voluntary participation with the University of Lethbridge Honour Band.

On behalf of my child, I hereby waive any and all claims that my child has or may have in the future against the Released Parties, and hereby release and forever discharge the Released Parties from all actions, suits, proceedings or liability for personal injury, illness, death or property damage sustained by my child, and all costs, expenses or losses resulting therefrom, as a result of participation in the Honour Band Activities, due to any cause whatsoever including, without limitation, negligence, breach of statutory duty, occupiers' liability, or otherwise. None of the Released Parties referred to herein will bear any liability whatsoever should any injury, illness or death occur to my child while participating in the Honour Band Activities, or at any time afterwards as a result of that participation.

I agree to **HOLD HARMLESS & INDEMNIFY** the University for any and all liability to which the University has no legal obligation, including but not limited to, any damage to the property of, or personal injury to my child or for injury and/or property damage suffered by any third party resulting from my child's actions while participating in the Honour Band Activities

Signature of Parent/Guardian: _____ **Date:** _____

Witness Name (Print): _____ **Signature:** _____