



CONSENT, RISK ACKNOWLEDGEMENT & INDEMNITY AGREEMENT UNIVERSITY OF LETHBRIDGE HIGH SCHOOL HONOUR ENSEMBLES

By signing this document you, the Parent/Guardian of the child, are: allowing your child to participate in the UofL High School Honour ensembles; accepting the risks associated with the ensembles and those risks to which your child may be exposed; authorizing the University to secure medical services for your child should it be required, and agreeing to be financially responsible for any such medical services; and assuming financial responsibility for any damage to third persons or their property caused by your child.

INITIAL: _____

TO: THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE;

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

GUARDIAN'S/PARENT'S NAME: _____ SURNAME: _____

THE EVENT: The University of Lethbridge is hosting a two day high school honour ensemble at its campus in Lethbridge, AB on February 22 and 23, 2018 which includes performances at and for the local teacher's convention. Additionally, participation and registration with the University high school honour ensemble project is voluntary and may be withdrawn at any time (all hereinafter referred to as "The Event").

1. **SAFETY & SUPERVISION:**

The University will supervise and orientate its high school honour ensemble participants to the University campus and its Event; it is also the expectation that the honour ensemble 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.

2. **DESCRIPTION AND ASSUMPTION OF RISKS:**

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)

Further, as Parent/Guardian, you hereby authorize THE UNIVERSITY OF LETHBRIDGE and its Event leaders to secure medical advice and services as in its discretion, may deem necessary for your child should an injury or accident occur in relation to the Event and you further agree to be financial responsible for any medical treatment or services should they be required. Additionally you, the undersigned Parent/Guardian of the child, agree to be available for the duration of the Event should the University need to contact you.

3. **RELEASE OF LIABILITY AND INDEMNITY AGREEMENT:**

I hereby release University, its directors, officers, employees and agents (the "Released Parties") 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 High School Honour Ensemble.

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 Event and its activities undertaken thereunder, due to any cause whatsoever including, without limitation, negligence, breach of statutory duty 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 s/he is participating in the Event or at any time afterwards as a result of that participation.

I further agree to indemnify and hold harmless the Released Parties from and against all loss, liability and damage and costs suffered by any third party resulting from my child's participation with the Event including but not limited to the cost of defence, settlement and/or payment of claims or judgments.

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

Witness Name: _____ Signature: _____ Date: _____