GENERAL SOCIAL ACTIVITY WAIVER
RELEASE OF LIABILITY, WAIVER OF CLAIMSASSUMPTION OF RISKS & INDEMNITY AGREEMENT

By signing this document you are waiving certain legal rights, including the right to sue.

PLEASE READ CAREFULLY!

INITIAL:

Participant Name: (Please Print) _____ Student ID#:_____

Emergency Contact: _____Telephone #:_____

TO: THE ORGANIZATION OF RESIDENT STUDENTS (THE "ORS"), UNIVERSITY OF LETHBRIDGE STUDENTS' UNION (ULSU) AND THE UNIVERSITY OF LETHBRIDGE (UNIVERSITY),

THE ACTIVITIES: The ORS in concert with the Resident Assistants of the University of Lethbridge Housing Services plan activities for resident students throughout the course of the year to enhance student social life and provide opportunities to meet others within the University residence community. These activities include, but are not limited to, bowling, attending venues such as the Corn Maze, movie theatres, wave pools, ice arenas, local restaurants, coffee shops, shopping malls; engaging in games such as ultimate Frisbee, dodgeball and capture the flag and participating in scavenger hunts, potlucks, picnics and other social activities of a minor to moderate risk factor that may occur on or off campus. Participation in any and all of the planned activities, inclusive of transportation to attend, is voluntary.

ASSUMPTION OF RISKS: I understand and acknowledge that there are hazards and risks that I may be exposed to with my participation in any and all of the planned activities throughout the year, not all of which may be known but any of which could cause me bodily injury or permanent disability or loss of life and/or loss or damage to my property, and that I will review the hazards of each of these activities prior to engaging in such;

I HEREBY ACCEPT AND ASSUME any and all risks and hazards associated with my participation in the planned activities, including those due to the acts or omissions of the ORS, the ULSU, the UNIVERSITY OF LETHBRIDGE and their officers, directors, agents and employees (the "RELEASEES"), including any failure to safeguard me from the risks of physical injury, accident, sickness, death, delay, inconvenience or damage to personal property as a result of my participation therein.

ACTS OR OMISSIONS OF OTHERS: I understand and agree that the RELEASEES do not represent or act as agent for any third party, including but not limited to, the providers of food, beverage, transportation and accommodations and that the RELEASEES cannot accept responsibility for the operations, acts or omissions of other individuals, entities or suppliers of goods and/or services. I hereby agree to hold the RELEASEES harmless for any physical injury, accident, sickness, death, delay, inconvenience or damage to personal property that is caused or contributed to by the acts or omissions of any third party.

INSURANCE: I acknowledge that I am accountable for my own health and dental insurance, personal property, liability and automobile insurance for any injury, loss or damage that I may sustain or cause to others in the course of my participation in any of the planned activities and that the Releases have no responsibility to any loss, damage or expense that I may incur as a result of participating in any and all of the activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: In consideration of the ORS, The ULSU and the UNIVERSITY accepting my participation in any and all of the planned activities, I hereby agree as follows:

1. TO **RELEASE** THE RELEASEES from any and all liability for any loss, damage, expense, or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in the Activity, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE OR BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT R.S.A. (2000) ON THE PART OF THE RELEASEES, including any failure to protect or safeguard me from injury, disability, death or loss;
2. TO **WAIVE** ANY AND ALL CLAIMS, DEMANDS , SUITS AND ACTIONS that I or my heirs, successors, executors, administrators, representatives and assigns may have against the RELEASEES for any personal loss, injury, disability, death, property damage or loss arising directly or indirectly from my participation in the planned activities; and
3. TO **HOLD HARMLESS AND INDEMNIFY** THE RELEASEES from any and all liability for any property damage or losses or injury to any third party resulting from my participation the planned activities; and
4. THIS **AGREEMENT** shall be governed by and interpreted in accordance with the laws in the Province of Alberta, Canada.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Participant Signature: _____ Date: _____

Witness Name: _____Signature:_____Date:_____

The personal information is collected under authority of the Freedom of Information and Protection of Privacy Act. The information is collected for the purpose of determining participation in Housing Services, Residence Life programs and activities. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge Privacy Office, 4401 University Drive W, Lethbridge, AB T1K 3M4, Phone: 403-332-4620.