



Event Waiver for Student Intramural Programs

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY MEMORIAL UNIVERSITY OF NEWFOUNDLAND SPONSORED EVENT, INTRAMURAL PROGRAM OR SPECIAL EVENT OPERATED BY THE WORKS.

STUDENT/PARTICIPANT NAME *(Please Print)* _____

STUDENT NUMBER _____

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE NUMBER _____ (cell) _____ (other)

IN CONSIDERATION of being permitted to participate in any way in the “Event” being held by Memorial University Recreation Complex Inc. (“MURC”) I, _____, acknowledge, appreciate and agree that:

1. The Event shall include, but is not limited to, all running, walking, physical fitness activities, pre-event and post event activities related thereto, competitions, demonstrations, instructional clinics, seminars and sessions and all other such activities, event or services in any way provided arranged, organized, conducted, sponsored, authorized or connected with or related to the Event organizers;
2. I know that participating in physical fitness and sport events is a potentially hazardous activity; I am satisfied and believe that I am physically, emotionally and mentally able to participate in this Event and I should not participate without my physician’s approval;
3. I am familiar with and accept that there is a risk of injury, possibly of a serious nature in participation in the Event;
4. Injuries may include but are not limited to, bruises, abrasions, strains, sprains, muscular injuries, fractures, back injuries, joint injuries, concussions, sunburn, heat stroke paralysis and death;
5. Injuries may result from, without limitation, contact with other persons or objects, course conditions, weather conditions, slipping tripping and/or falling;
6. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility for my participation;
7. I understand that all applicable rules for participation must be followed, regardless of my role, and that at all times during the Event the sole responsibility for my personal safety rests with me;

8. I will immediately notify the nearest official of MURC and/or Memorial University of Newfoundland, if at any time I sense or observe any unusual hazard of unsafe condition or I feel that I have experienced any deterioration in my physical, emotional or mental fitness, for continued safe participation in the Event;
9. I understand that MURC and Memorial University of Newfoundland assume no responsibility for personal injury of loss of or damage to my personal property;
10. I agree to release and waive liability for all claims that I have, or may in future have, against Memorial University Recreation Complex Inc, and Memorial University of Newfoundland and/or any person(s), entities or organization(s) associated in any way with the Event, from any and all liability for any loss, damage, injury of expense that I may suffer as a result of my participation or presence at the Event, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on behalf of MURC and Memorial University of Newfoundland;
11. I declare that I have read, understood and agree to the contents of this **WAIVER FORM** in its entirety and I sign it freely and voluntarily without any inducement.

STUDENT/PARTICIPANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

PARENT/GUARDIAN/CUSTODIAN MUST READ THIS FORM AND SIGN BELOW (IF PARTICIPANT IS UNDER 19 YEARS OF AGE)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent to the foregoing and agree not only to his/her release of Memorial University of Newfoundland and Memorial University Recreation Complex Inc. and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself.

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

PARENT/GUARDIAN EMERGENCY CONTACT#: _____