

WILFRID LAURIER UNIVERSITY
TEAM RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS and
INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY!

Please print.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

ASSUMPTION OF RISKS:

I AM AWARE THAT THERE IS POTENTIAL RISK FOR INJURY INVOLVED IN TRAINING AND PARTICIPATION IN ANY SPORT. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to (brief description of specific risks associated with this activity). _____ and the possibility of personal injury, death, property damage or loss, resulting from my participation in the University's _____ team.

I am also aware that I should discuss my participation in this sport with my physician to determine the effect on my current health.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: in consideration of approval to participate in Wilfrid Laurier University's _____ team, I hereby agree as follows:

_____ **TO WAIVE ANY AND ALL CLAIM** that I have or may in the future have against Initial Wilfrid Laurier University, its directors, officers, employees and representatives, game officials, my team mates and other players (all of whom are hereinafter collectively referred to as "The Releasees").

_____ **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the _____ team due to any cause whatsoever, INCLUDING NEGLIGENCE, BREATH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

_____ **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and Initial all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.

_____ **THIS AGREEMENT** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns or representatives in the event of my death or incapacity.

_____ **IN ENTERING INTO THIS AGREEMENT,** I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASE.

Signed this _____ day of _____ 20__ Witness _____

Signature of Student

Signature of Parent/Legal Guardian of Minor Student

Please **PRINT NAME** clearly

Relationship to Minor Student