APPENDIX C
ST FRANCIS XAVIER UNIVERSITY
ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER
PARTICIPATORY SPORTING EVENT

BY SIGNING THIS DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE – PLEASE READ CAREFULLY.

Trip/Event/Location: _____

Date: _____   Organization: _____

Assumption of Risks and Responsibility
I REALIZE THAT PARTICIPATION IN ATHLETIC ENDEAVOURS ENTAILS THE RISK OF INJURY TO ME. SUCH RISKS MAY INCLUDE, BUT ARE NOT RESTRICTED TO SLIPS, FALL, PHYSICAL CONTACT WITH OTHER PEOPLE, EQUIPMENT OR FACILITIES, ABNORMAL CLIMATIC CONDITIONS OR ENDEAVOURS AT HIGH SPEED.

I freely and voluntarily accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, during all the time of this trip/event, resulting from travel arrangements, attendance at _____ (event) and any other related activities during this trip/event.

I accept my responsibility to abide by the laws of the country, to ensure that I have adequate medical coverage, protect personal possessions and obey all the rules set our for this trip/event.

Liability Waiver and Indemnification
In consideration of approval to participate in this trip/event, I and any personal representative, hold harmless, release, and forever discharge St Francis Xavier University and the St Francis Xavier University Students' Union, their directors, officers, faculty, staff, students, volunteers, agents, trainees, or employees from any and all actions, causes of actions, including negligence, claims and demands for damages, loss or injury, resulting from or arising out of my participation in this trip/event.

I also indemnify and save harmless St Francis Xavier University and St Francis Xavier University Students' Union from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in this event, by reason of damage to any and all property and any and all personal injuries, including death of others or myself.

Participant (print name): _____   Student number: _____

Address: _____

Telephone: (_____) _____

_____   _____
        Signature of participant   Witness as to Signature of Participant

Date: _____

Please check the appropriate boxes and initial that you have read the following questions:

			Initials:
1. Do you read and understand English?	Yes ☐	No ☐	_____
2. Do you understand the purpose of this waiver?	Yes ☐	No ☐	_____
3. This event has inherent risks. Do you understand these risks?	Yes ☐	No ☐	_____
4. Are you willing to assume these risks?	Yes ☐	No ☐	_____

If you have checked "no" to any of the above, please discuss this waiver with the Primary Event Organizer administering the waiver.