



Niagara Region
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Informed Consent & Waiver of Claims

Event Name: _____ Date of Event: _____

In consideration of approval to participate in this trip/event, I and any personal representative, hold harmless, release, and forever discharge Brock University, the Brock University Students Union (BUSU), the Business Students' Association (BSA), and the Graduate Students' Association (GSA), their directors, officers, faculty, staff, students, volunteers, agents, trainees, or employees (collectively, the "University") from any and all actions including, but not limited to negligence, claims and demands for damages, loss, or injury resulting from or arising out of my participation in this trip/event. I further agree to indemnify the University from any damages which may result or any and all claims or demands which may be made against the University arising out of or in consequence of my attendance at, participation in, or travel to and from the trip/event.

I fully understand that travelling by bus, taxi, or other method of transportation and participation in this activity/event involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death; these risks and dangers may be caused by my own actions or inactions, or the actions and inactions of other drivers or passengers. There may be other risks including social and/or economic losses either not known to me or not readily foreseeable at this time, and as between myself and the University, I fully accept and assume all such risks and responsibility.

In signing this Informed Consent & Waiver of Claims, I am not relying upon any oral or written representations made by the University other than that what is set forth in this document. I have read and understood this Informed Consent & Waiver of Claims, and I am aware that by signing this document I am forever waiving certain legal rights.

Name: _____
(please print)

Date: _____
(dd/mm/yyyy)

Signature: _____

If under 18 years of age at time of signing: parent or guardian signature: _____