



ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

WARNING - PLEASE READ CAREFULLY

By signing this agreement you indicate that you understand the risks associated with this activity.

Table with 3 rows: Name of Participant, Student Number, and Name of Activity.

TO: THE UNIVERSITY OF THE FRASER VALLEY (“UFV”)

DESCRIPTION OF RISK

I understand that by participating in the above named activity, program or membership (the “Activity”), I may be exposed to the following inherent risks, including but not limited to the following:

- all manner of injury from physical exertion and cardiovascular output, including dizziness, shortness of breath, chest discomfort, muscle cramps, sprains, strains, contusions and/or fractures;
all manner of injury from exerting and/or stretching various muscle groups;
all manner of injury arising from falling and impacting against the floor surface, walls, apparatus/equipment, the ground or other participants;
while outside, any injury or illness resulting from exposure to cold, wet or windy weather or the effects of heat and strong sunlight or the effects of insect bites.

ASSUMPTION OF RISK

In consideration of UFV allowing me to participate in the Activity, I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS arising out of, associated with or relating to my participation in the Activity.

INDEMNITY

I hereby agree to INDEMNIFY AND HOLD HARMLESS UFV, its Board of Governors, officers, employees, students, agents, volunteers, and independent contractors (the “UFV Parties”) from any and all liability for any damage to the property of or personal injury to any third party resulting from my participation in the Activity.

Initial here that you have read the above paragraph: _____

ACKNOWLEDGEMENT

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the UFV Parties, other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Signature of Participant:	Signature of Witness:
Date:	Witness (Print Name):
Emergency Contact (Print Name):	Telephone Number of Emergency Contact:

**** Please note:** Where Participant is under the age of 19 years and is not a student at UFV, then the following must be signed by a parent or guardian.

Acknowledgement: I am the Participant’s parent and/or legal guardian and understand the nature of the Activity, and the Participant’s experience and capabilities, and believe the Participant to be qualified, in good health and in proper physical condition to participate in the Activity.

Signature of Parent or Guardian:	Signature of Witness:
Print Name and Relationship to Participant:	Witness (Print Name):
Date:	

Collection Notice: The personal information requested on this form is collected under the authority of the *University Act*, and in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The information will only be used for the purpose of implementing this Assumption of Risk and Indemnity Agreement. Direct any questions about this collection Rocky Olfert, Director of Athletics at UFV, (604) 504-7441 x-4583 or see www.ufv.ca/informationprivacy.

This agreement must be completed in full, signed, and dated before the participant is allowed to participate in the Activity.

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

	YES	NO	Initial
1. Do you read and understand English:	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Do you understand the purpose of this informed consent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. The Activity has risks. Do you understand these risks?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Are you willing to assume these risks?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If you have checked “No” to any of the above, please discuss this waiver with the Envision Athletic Centre Operations Coordinator.