“Fest of All” at Alumni Weekend 2017 (September 22-25, 2017)

WARNING!   BY SIGNING THIS FORM   YOU GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SU
PLEASE READ CAREFULLY!

Name of Participant | Last Name: | First Name:

DISCLAIMER
The Governors of the University of Alberta, their officers, directors, employees, volunteers, members, vendors, contractors and representatives (hereafter referred to as “the University”) are not responsible for any injury, death, loss or damage of any kind sustained by any person while participating in the “Fest of All” and all related activities, including injury, loss or damage which might be caused by the negligence of the University.

RESPONSIBILITIES AND ASSUMPTION OF RISK
1. I understood and agreed that there are risks associated with my participation in the “Fest of All” and all related activities. I am aware that these activities can be physically stressful and in rare instances can even be harmful and result in death. I agree to assume and accept full responsibility for any injury, dangers and hazard and the potential of personal injury, death, permanent disability, property damage or loss resulting thereof while participating the “Fest of All” and all related activities.
2. I will obey and follow all the rules and regulations established and implemented pertaining to the “Fest of All” and all related activities. In the event of emergency, I give permission for the University or other parties to administer first-aid and/or CPR, and/or have medical treatment provided for myself.
3. I agree to promptly reimburse the University for all financial costs and expenses that may be incurred on my behalf by the University, including but not limited to surface and/or air ambulance fees, medical fees, hospital and/or surgery fees, in the event of any emergency medical treatment that I may receive while engaging in this “Fest of All” and all related activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
I understand that participating in the “Fest of All” and all related activities is voluntary and at my own risk, I agree to indemnify, hold harmless and release the University from any and all claims, demands, actions and costs which might arise out of my participating in the “Fest of All” and all related activities due to any cause whatsoever.

ACKNOWLEDGEMENT
1. I hereby state and verify that I am physically and mentally fit to participate in the “Fest of All” activities.
2. I acknowledge that I have read and understood this Agreement, and that I have executed this Agreement voluntarily and this Agreement shall be effective and binding upon myself, my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

Signature of Participant  Signature of Witness
(Must over the age of 18)

Date  Printed Name of Witness

Note: Document must be copied to a single page back to back when used.
Signed documents must be filed with the Department and be kept for a minimum of five years.