



University
of Manitoba

Waiver

Educational or Volunteer Opportunity

For external students or individuals participating in an Educational Opportunity or Volunteer Activity

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY

Participant Information

Date Submitted: _____

Participant's Full Name: _____

Participant's Birth Date if under 18: _____

Participant's Address: _____

Emergency Contact name: _____ Emergency Contact Number: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information. This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used to allow you to participate in an educational opportunity at the University as described in the Schedule(s) attached hereto and may be used in the event of a medical emergency. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Consent, Waiver and Indemnity by Participant or Parent / Guardian

1. I HAVE READ, UNDERSTAND, the document called **Description of Educational Opportunity or Volunteer Activity** describing the activities and potential risks and dangers associated with my participation.
2. I fully understand that there are potential risks and hazards associated with exposure to hazardous materials or substances.
3. I AGREE to participate in the described Educational Opportunity at the University of Manitoba and freely accept and assume all associated risks and hazards.
4. I ALSO AGREE AND UNDERSTAND that my Educational Opportunity may be suspended at any time, at the discretion of the University of Manitoba and *its Faculty, and* employees, if safety becomes a concern.

5. I, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless, the University, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releases"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my or my child's participation whether caused by the negligence of Releases or otherwise.

6. I further hereby agree to defend, indemnify and hold harmless the Releases from any judgment, settlement, loss, liability, damage, or costs, including court costs and legal fees that Releases may incur.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.

Printed Name of Signor : _____

Date: _____