

2018 Child/Youth Waiver: 17 years or younger.
Parent/Guardian Signature Required
 The University Neighbourhoods Association and The University of British Columbia

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
 BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
 INCLUDING THE RIGHT TO SUE
 PLEASE READ CAREFULLY!

INITIAL

TO: THE UNIVERSITY NEIGHBOURHOODS ASSOCIATION AND THE UNIVERSITY OF BRITISH COLUMBIA

PARTICIPANT INFORMATION

First name: _____ Last Name: _____ Sex: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Date of Birth (DD/MM/YYYY): _____ Age: _____

MEDICAL INFORMATION

Allergies: () No () Yes, If YES describe: _____
 Medical Conditions: () No () Yes, If YES describe: _____

 BC Services Number: _____
 OR Child's Medical Insurance & Policy Number (copy of insurance policy required): _____
 Current Injuries: () No () Yes, If YES describe: _____
 History of Injuries: () No () Yes, If YES describe: _____

Parent/Guardian:

Name: _____ Phone #: _____
 Emergency Contact Name: _____ Relationship: _____
 Phone #: _____

PICK UP AUTHORIZATION

The following individuals are authorized to pick up my child at the end of this class. My child will only be released to the individuals listed below. Identification may be required.

_____	_____	_____	_____
Parent/Guardian	Relationship to Child	Parent/Guardian	Relationship to Child

For children 8 years and older:

My child is permitted to sign-out independently and leave unaccompanied at the end of the program.

Signature of Parent/Guardian: _____ Date: _____

PLEASE READ CAREFULLY

ASSUMPTION OF RISKS

I am aware that being involved in UNA CAMPS, PROGRAMS, AND EVENTS (hereinafter referred to as "this activity") involves many risks, dangers and hazards including, but not limited to: risk of bodily injury including physical impairment and serious disability; impact and collision with other participants; participating with or without a certified instructor; impact with objects or equipment used in connection with this activity; changes in the type of surface and the condition of each surface, including but not limited to the exercise room, meeting rooms, living room; failure to participate safely within one's own ability; theft; consumption of food and drink, whether made by professionals or by non-professionals; negligence of other participants. I am also aware that the risks, dangers and hazards referred to above exist within those facilities operated by the University Neighbourhoods Association and the University of British Columbia. I declare that I have no known condition, health problem or existing physical disability that would be aggravated by engaging in strenuous physical activity. I am aware that neither the University Neighbourhoods Associations, nor the University of British Columbia carries accident or medical or dental insurance on my behalf.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of the University Neighbourhoods Association and the University of British Columbia permitting me to participate in this activity and permitting my use of the exercise room, meeting rooms, living room, parking and other related facilities and services, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the UNIVESITY NEIGHBOURHOODS ASSOCIATION or the UNIVERSITY OF BRITISH COLUMBIA, their governors, directors, officers, employees, agents and representatives, (all of whom are hereinafter collectively referred to as "the Releasees") and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer arising from the assumed risks as a result of my use of or my participation in this activity due to any assured risk. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;

2. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia; and

3. Any litigation involving the parties to this Agreement shall be brought within the Province of British Columbia.

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

I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the releases.

Signed this ____ day of _____, 201__

Signature of Participant

Witness

Please print name clearly

Please print name clearly

Signature of parent or guardian if applicant is under 19 years

This Agreement must be completed in full, signed, dated and witnessed before participating in this activity.

PHOTO WAIVER

For good and valuable consideration, the amount and sufficiency which is hereby acknowledged, I consent and authorize the University Neighbourhoods Associations (UNA), and the University of British Columbia, and its Board of Governors, employees and agents

- to take still pictures, motion pictures, sound recordings, and/or video recordings of the participant (collectively, the "materials")
- to use and adapt such materials in its educational and recreational programs and/or in promoting UNA, UBC programs or activities at any time or place and in any medium in the future

I agree to indemnify, hold harmless and release the UNA, and The University of British Columbia, and its Board of Governors, employees and agents from any and all claims arising from such material.

All such still pictures, motion pictures, sound recordings and/or video recordings become the property of the UNA, and UBC. I agree to assign my copyright, including performer's rights, in the materials to the University Neighborhoods Associations (UNA), and The University of British Columbia. I agree to waive all moral rights I may have in the material in favour of the UNA and UBC in perpetuity.

Signature of Parent or Garden _____ Print Name Clearly: _____