

# MEMORIAL UNIVERSITY OF NEWFOUNDLAND EVENT WAIVER

**WARNING READ BEFORE SIGNING:** By signing this document you will waive certain legal rights, including the right to sue.

**NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY MEMORIAL UNIVERSITY OF NEWFOUNDLAND SPONSORED EVENT.**

PARTICIPANT'S NAME: \_\_\_\_\_ (the "Participant")  
*(Please Print)*

IN CONSIDERATION of being permitted to participate in any way in Field Trip to \_\_\_\_\_ (the "Event") being held by Memorial University of Newfoundland (the "University") by Department of Earth Science, I, \_\_\_\_\_, acknowledge, appreciate, and agree that:

1. The Event may include, but is not limited to, transportation by bus from St. John's to \_\_\_\_\_ and return, and collecting samples and mapping.
2. Although it is understood that the Event supervisors will endeavour to provide the maximum supervision possible, I am familiar with and accept that there is a risk of injury, possibly of a serious nature in participation in the Event;
3. Injuries may include, but are not limited to, bruises, abrasions, strains, sprains, muscular injuries, fractures, back injuries, joint injuries, concussions, sunburn, heat stroke, hypothermia, paralysis and death;
4. Injuries may result from, without limitation, traffic accidents, bodily contact with other participants or instructors, equipment malfunction, impacting with floors, walls and equipment, and slipping, tripping or falling, weather conditions, rough terrain, falling objects such as rocks, trees and branches, physical contact with insects and/or wildlife, dangers and hazards that are inherent to the environment of the Event;
5. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility for my participation;
6. I am satisfied and believe that I am physically, emotionally and mentally able to participate in this Event;
7. I understand that all applicable rules for participation must be followed, regardless of my role, and that at all times during the Event the sole responsibility for my personal safety rests with me;
8. I will immediately notify the nearest official of the University, if at any time I sense or observe any unusual hazard or unsafe condition or I feel that I have experienced any deterioration in my physical, emotional or mental fitness, for continued safe participation in the Event;
9. I understand that the University assumes no responsibility for personal injury or loss of or damage to my personal property;
10. I agree to release and waive liability for all claims that I have, or may in the future have, against Memorial University of Newfoundland, or any person(s), entities or organization(s) associated in any way with the Event, from any and all liability for any loss, damage, injury or expense that I

may suffer as a result of my participation or presence at the Event, due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on behalf of the University.

11. I declare that I have read, understood and agree to the contents of this **WAIVER FORM** in its entirety and I sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date