

THE GOVERNORS OF THE UNIVERSITY OF NEW BRUNSWICK
CLUB AND RECREATION ACTIVITIES
RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT



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WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

TO: THE GOVERNORS OF THE UNIVERSITY OF NEW BRUNSWICK

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| EMERGENCY CONTACT INFORMATION: |
| NAME: _____ First Last |
| PHONE #: _____ |
| RELATIONSHIP: _____ |

NAME OF PARTICIPANT: _____

DATE OF BIRTH (MM/DD/YYYY): _____ PHONE #: _____

EMAIL OF PARTICIPANT: _____

If you wish to receive REDS Recreation Newsletters, Facility Updates and Membership Updates, please check here: _____
In order to measure the effectiveness of REDS Recreation's communication efforts and provide insight into further information REDS Recreation should provide, REDS Recreation tracks clicked links from this newsletter. However, the information is only viewed by authorized personnel in a secure setting. You may unsubscribe from the newsletter at any time.

UNB and REDS RECREATION are committed to protecting the personal information of all individuals. Your information is being collected for membership and programming purposes and will be used to keep you informed of REDS RECREATION updates and newsletters, if you have elected to receive REDS RECREATION communications. The emergency contact information will only be used to contact the person you listed in the event of an emergency. The information will only be accessible to authorized REDS RECREATION administrators. This information is being collected under the authority provided for in the New Brunswick Right to Information and Protection of Privacy Act. For more information on the protection of personal information at UNB please consult UNB Policy for the Protection of Personal Information & Privacy and the University Secretariat, University of New Brunswick, PO Box 4400, Fredericton, NB, E3B 5A3, www.unb.ca/secretariat, (506) 453-4613.

ASSUMPTION OF RISKS

I am aware that participation in **Recreation Activities** has many inherent risks, dangers and hazards including but not limited to:

Personal injury or illness, including death, due to; slippery or uneven surfaces; athletic injuries including overexertion, sprains, muscle pulls or tears, or injury resulting from the use, misuse, non-use or failure of any equipment.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of The Governors of The University of New Brunswick allowing my participation in **Club and Recreation Activities**, I agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against The Governors of The University of New Brunswick, and their members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");
2. 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 as a result of my participation in the **Club and Recreation Activities** due to any cause whatsoever INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES
_____ (initial here that you have read paragraph 2)
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES 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 **Club and Recreation Activities** and
4. 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.

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 DO HEREBY CONFIRM AND ACKNOWLEDGE THAT THIS WAIVER IS VOLUNTARILY SIGNED BY ME HAVING AMPLE OPPORTUNITY TO READ THE SAME WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE CONTENTS. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 20 _____

PARTICIPANT Signature/ Parent if under 19

WITNESS

Print name of PARTICIPANT/ Parent if under 19

PLEASE PRINT NAME CLEARLY