



EngFrosh Pinkie Pledge
September 8, 2024
Waiver and Informed Consent

PLEASE READ CAREFULLY! PARTICIPANTS UNDER 18 MUST HAVE PARENTAL CONSENT
WARNING! BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL RIGHTS
INCLUDING THE RIGHT TO SUE

NAME OF PARTICIPANT: _____ (Must Print)

ADDRESS OF PARTICIPANT: _____

TELEPHONE NUMBER: _____ () BIRTH DATE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ TELEPHONE NO.: _____ ()

DISCLAIMER CLAUSE

Carleton University AND their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereinafter refer to as "The University") are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in EngFrosh Purpling and all related activities, including injury, loss or damage which might be caused by the negligence of THE UNIVERSITY.

Initials _____

EngFrosh Purpling is the act of using hair dye coloring, or face and body paint as a dye to color skin purple.

In consideration for my participation in EngFrosh Purpling and related activities, the Participant, agree as follows:

My participation in EngFrosh Purpling is totally voluntary and my participation is solely a decision made by myself

DESCRIPTION OF RISKS

I/we am/are aware of the possible RISKS, DANGERS AND HAZARDS associated with the EngFrosh Purpling **and all related activities including THE POSSIBLE RISK OF SEVERE OR FATAL INJURY TO the participant.** These risks include, but are not limited to:

- Allergic reaction to the dye, including rashes, or anaphylaxis;
- Muscular injuries and soft tissue injuries,
- Food poisoning as a result of digesting the dye
- Any and all risks associated with EngFrosh Purpling

Initials _____

ASSUMPTION OF RISK

In return for allowing the participant to voluntarily participate in EngFrosh Purpling and all related activities, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to participation in EngFrosh Purpling and all related activities, even though such risks may be caused by the negligence of THE UNIVERSITY
2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which the participant might sustain while participating in EngFrosh Purpling and all related activities, even though such injury, loss or damage may have been caused by the negligence of THE UNIVERSITY
3. **TO HOLD HARMLESS AND INDEMNIFY THE UNIVERSITY** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in EngFrosh Purpling and all related activities;
4. **TO HOLD HARMLESS, INDEMNIFY AND RELEASE THE UNIVERSITY**, their officers, directors, agents, volunteers, employees and representatives from liability for any and all claims, demands, actions and costs which might arise out of my participation in EngFrosh Purpling and all related activities, even though such claims, demands, actions and costs may be caused by the negligence of THE UNIVERSITY.

Initials _____

Medical Conditions

1. I agree to advise the organizers of EngFrosh Purpling of any allergies or other existing medical conditions or injury which would be required by emergency medical personnel for my treatment, in the case of a medical emergency;

Initials _____

Code of Conduct

1. I agree not to bring or consume any alcohol or illegal substances for the duration of this event;
2. I will behave responsibly and appropriately and adhere to any rules of conduct laid down by the organizers of this activity;

Initials _____

ACKNOWLEDGEMENT

I/WE HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND BY SIGNING BELOW AGREE TO ALL OF ITS TERMS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITH FULL UNDERSTANDING OF ITS TERMS AND LEGAL SIGNIFICANCE. I AM A PARENT/GUARDIAN OF THE MINOR, AND I ATTEST THAT I HAVE LEGAL RESPONSIBILITY OVER THE MINOR, AND FURTHER ATTEST THAT, IF I AM THE SOLE PARENT/GUARDIAN SIGNING BELOW, MY SIGNATURE IS SUFFICIENT TO CONSENT TO THE PARTICIPATION OF THE MINOR IN THE ACTIVITIES AND TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR.

SIGNED THIS _____ **day of** _____, 20____, **at** Ottawa, Ontario.

Signature of Participant

Signature of Witness

Printed Name of Witness

Address & Phone No. of Witness