TO: Carleton University Healthy Workplace RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

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

NAME OF PARTICIPANT:		
ADDRESS OF PARTICIPANT:		
COURSE CODE & TITLE/ACT	IVITY NAME: _	Healthy Workplace Squash
COURSE/ACTIVITY DATE: _	September	²⁰²⁵ - August 2026

ASSUMPTION OF RISK

Participation in the activity(s) of **Squash**, carries with it certain inherent risks. I am aware that, while participating in the activity(s), I may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

General:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus, traffic accidents, poor road conditions, watercraft, airplanes or any other means of transportation to, from, or during the activity(s).
- Loss, damage, injury, illness, death or expense that I may, or that members of my household(s) may suffer, including the contraction of a Communicable Disease as a result of my participation in this Activity. Communicable Diseases include, but are not limited to, any disease that can be transmitted from one person to another including viruses, bacteria, parasites or other organisms.

NOTE: Please consult with your physician prior to participating in any physical activity(s) or using any equipment if you have any pre-existing conditions which may be affected by your participation in the activity(s).

Sporting Activities:

- All manner of muscular and skeletal injuries, bruises, scrapes, cuts, strains, sprains, leg cramps, dislocations, or bone injuries;
- Head, facial, dental and neurological injuries such as concussions and traumatic brain injuries (TBI);
- An increased load on the heart that may result in dizziness, shortness of breath, fainting, chest pain or discomfort, nausea, and in extreme circumstances may result in a heart attack;
- Being struck with projectiles;
- Falling against, impacting, entanglement or impairment on apparatus, equipment or other natural or man made obstacles (visible or not visible), or against the ground, floors, walls or other surfaces;
- Contact with participants, officials, spectators, or other people or sustaining injuries arising from their actions;
- My participation and/or use of equipment beyond my own skills and abilities; and
- The use, misuse, failure or malfunctioning of equipment.

Racquet Sports Activities - Indoor/Outdoor:

- Being struck with projectiles such as balls, racquets and/or shuttlecocks.

NOTE: When applicable to an activity(s), goggles and/or appropriate footwear must be worn while engaged in an activity(s).

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.

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RELEAS	ASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMN	ITY AGREEMENT
In consid	sideration of Carleton University permitting my participation	n in the activity(s) of Squash , I agree as follows:
	TO WAIVE ANY AND ALL CLAIMS that I have or may have officers, employees, students, agents, volunteers and independe as "the Releasees");	in the future against <u>Carleton University</u> and its members, nt contractors (all of whom are hereinafter collectively referred to
	next of kin may suffer as a result of my participation in the activ NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF	
	HOLD HARMLESS AND INDEMNIFY THE RELEASEES from conal injury to, any third party, resulting from my participation in t	
standa	AT if I am supplying my own equipment, I am responsible for ensudards for the activity(s) in which I am participating. I understand dents occurring out of the use or misuse of my equipment.	
	s agreement shall be effective and binding upon my heirs, next of land death or incapacity.	kin, executors, administrators, assigns and representatives in the event
laws o out of In ente	of and related to this course/activity and this Waiver and the partie	we exclusive jurisdiction over all claims, disputes and actions arising
AND TH	IFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I THAT I AM AWARE THAT BY SIGNING THIS AGREEMEN RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, I AGAINST THE RELEASEES.	IT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING
Signed	ed this,	
		Koroul_
SIGNA	NATURE OF PARTICIPANT	VITNESS SIGNATURE (Non Family Member)
	Ja	aymie Koroluk

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraphs 2 and 4 must be initialed before the participant may participate in the activity(s).

WITNESS NAME (please print)