



International Student Services Office
WAIVER OF LIABILITY
Ottawa Art Gallery
Thursday, March 16, 2023

WARNING! BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL RIGHTS
INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY! PARTICIPANTS MUST BE 18 OR OLDER

NAME OF PARTICIPANT: _____ STUDENT NUMBER: _____

ADDRESS OF PARTICIPANT: _____

TELEPHONE NUMBER : (____) _____ BIRTH DATE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ TELEPHONE NO: (____) _____

DISCLAIMER CLAUSE

The Governors of Carleton University AND **The International Student Services Office**, their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereinafter refer to as "The RELEASEES) are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in **The Ottawa Art Gallery visit** and all related activities of **the Ottawa Art Gallery visit**, including injury, loss or damage which might be caused by the negligence of THE RELEASEES.

Initials _____

Ottawa Art Gallery visit includes transportation to and from Carleton University by **OC Transpo**, and visit to the exhibits at the **Ottawa Art Gallery**.

DESCRIPTION OF RISKS

In consideration of my participation in **Ottawa Art Gallery** visit program and all related activities, I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with **Ottawa Art Gallery visit** and all related activities including THE POSSIBLE RISK OF SEVERE OR FATAL INJURY TO MYSELF OR OTHERS. These risks include, but are not limited to:

- Risks associated with travel to and from all venues of the various components including transport by public or private motor vehicle which could include but are not limited to an accident resulting in severe physical injuries or death;
- The risks associated with returning to my residence after participating in the program and/or related activities; and
- Other risks associated with being a spectator of or being present at a crowded, outdoor or indoor event.

Initials _____

MEDICAL/HEALTH & TRAVEL INSURANCE

- 1. **I AM SOLELY RESPONSIBLE** to select and purchase adequate medical/health insurance. The Releasees will provide **no** medical/health insurance. The medical health insurance should provide cover against theft, person accident, personal liability, repatriation and cancellation of tickets among other coverages. The Releasees accept **no** responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by the participant relating to these areas.
- 2. **I AM SOLELY RESPONSIBLE** to select and purchase adequate travel insurance. The Releasees will provide **no** travel insurance. The travel insurance should provide cover against theft, personal accident, personal liability, repatriation and cancellation of tickets among other coverages. The Releasees accept **no** responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by the participant relating to these areas.

I freely accept and assume all responsibility to provide myself with medical/health and travel insurance coverage

Initials _____

INDEMNIFICATION AND RELEASE OF LIABILITY

In return for allowing me to voluntarily participate in the program and all related activities, I agree:

- 1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my participation in the **Ottawa Art Gallery** visit program and all related activities, even though such risk may be caused by the negligence of the Releasees;
- 2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which I might sustain while participating in the **Ottawa Art Gallery** visit program and all related activities, even though such injury, loss or damage may have been caused by the negligence of the Releasees;
- 3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** 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 the **Ottawa Art Gallery visit**, program and all related activities;
- 4. **TO HOLD HARMLESS, INDEMNIFY AND RELEASE THE RELEASEES**, 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 the **Ottawa Art Gallery visit** program and all related activities, even though such claims, demands, actions and costs may be caused by the negligence of The Releasees

Initials _____

MEDICAL CONDITIONS

I agree to advise the organizers of the Event prior to the start of the activity of any existing medical conditions or injury

Initials _____

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

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

Signature of Participant

Signature of Witness

Printed Name of Witness