

**UNIVERSITY OF WESTERN ONTARIO
PARTICIPATION WAIVER**

**WARNING! BY SIGNING THIS LEGAL DOCUMENT YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE *PLEASE READ CAREFULLY***

NAME			STUDENT #	
ADDRESS	Street Address			
	City	Province	Postal Code	
TELEPHONE	Primary	Secondary	EMAIL	

ASSUMPTION OF RISK:

I AM AWARE THAT PARTICIPATION IN ACTIVITIES AT WESTERN INVOLVES VARIOUS RISKS, DANGERS AND HAZARDS, including but not limited to the risk of serious injury or death and negligence on the part of the University (defined below), which includes failure by the University to take reasonable steps to safeguard or protect me from injury or from risks, dangers and hazards of participation in Western activities. I understand that it is my responsibility to learn about and understand the risks, dangers and hazards of participating in Western activities and that I may contact Western staff if I require more information on these risks, dangers and hazards. **I FREELY CONSENT TO PARTICIPATE IN ANY WESTERN ACTIVITIES AND UNDERSTAND, ACCEPT AND ASSUME ALL SUCH RISKS TO WHICH I MAY BE EXPOSED, KNOWN AND UNKNOWN, FORESEEABLE AND UNFORESEEABLE, AND ASSUME ALL RESPONSIBILITY FOR ANY PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**