



Name of Participant: _____

Address of Participant: _____

Nature of Event/Field trip: _____

Date of event/field trip: _____

I am aware that during field trips or other excursions in which I am participating under the arrangement of The University of Western Ontario, (_____ specific destination _____), certain risks and dangers may occur, including but not limited to the h _____ certain mat

personally if the accompanying circumstances do not relate to activities or conduct fall short of what would be considered a reasonable position. In these cases I agree to be accountable in all respects to the University or its employees to accept the consequences thereof; full claims made against the University in relation to such actions.

I acknowledge that I have been advised by The University of Western Ontario of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding and acceptance of these realities and in consideration for being permitted by the University to participate in the above mentioned event/field trip.

Date

Signature of Participant

Signature of Witness

ALTERNATIVE

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.

Date

Signature of Participant

Signature of Witness

This agreement must be completed in full, signed, dated, and witnessed before the participant may participate in the event/field trip.

The information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended, and is needed for the administration of field trips. If you have any questions about the University's collection, use, or disclosure of this information, please contact the Corporate Insurance Administrator, Stevenson-Lawson Building, Room 262, (tel: 519-661-2111 x84745).