



### Release of Liability, Waiver of Claims, Assumption of Risks

**By signing this document, you will waive certain legal rights, including the right to sue in the event of injury. Please read carefully.**

I, \_\_\_\_\_ hereby acknowledge my participation in \_\_\_\_\_ organized by the Department of Biology, Irving K. Barber Faculty of Science, University of British Columbia, Okanagan, and the many risks, dangers and hazards referred to in the Field Trip Plan.

I acknowledge that adhering to instructions and guidance from the activity coordinator is in my best interest and that my conduct will be in accordance to rules and regulations imposed. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting therefrom. Inherent in the particular activities as stated in the "Domestic UBC Field Work Safety Plan" completed by \_\_\_\_\_.

I also acknowledge that the University carries no personal property, medical, dental nor any accident benefit or disability insurance on my behalf and that it is my sole responsibility to ensure that I maintain sufficient personal insurance coverage. I agree that any failure on my part to maintain adequate personal insurance shall impose no financial obligation on the University and that I waive any and all claims I may have or may in the future have against the University.

I have informed the trip leader of any health conditions that may require assistance during the trip (i.e. all medical conditions such as allergies, diseases, disabilities) and understand that it is my responsibility to bring any medications/treatments required for these conditions.

I acknowledge that at any time the University of British Columbia may refuse to allow participation to any persons who are a hazard to themselves or other participants involved in the activity.

I have read and understand this agreement, and I am aware that by signing this agreement, I am waiving certain legal rights which I or those acting on my behalf may have against the University.

Signature of Participant

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent (if participant is under 19 years of age)

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