



# St. Lawrence College

## Waiver and Release of Liability – Parental Consent Required

Event: \_\_\_\_\_

Event Date (s): \_\_\_\_\_

Event Description: \_\_\_\_\_

  

Event Time line: \_\_\_\_\_ to \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Age: \_\_\_\_\_

Parent(s) and/or Legal Guardian(s) Name: \_\_\_\_\_

College Manager Representative of the event: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Releasee: St. Lawrence College, their directors, officers, employees, contractors, instructors, representatives, servants, assigns, agents and volunteers

I, \_\_\_\_\_, hereby confirm that as Parents(s) and/or Legal Guardian(s) with legal responsibility for \_\_\_\_\_ (“the Participant” being under the age of eighteen (18) years as of the day of this document), the following:

- i) I have given my consent to the St. Lawrence College of Applied Arts and Technology (the “College”) for the Participant to participate in the event held by the College more particularly described above the (the “Event”);
- ii) I am at least eighteen years of age and legally competent to sign this waiver on behalf of the Participant.
- iii) I understand and appreciate that it is my obligation to determine if there will be activities as part of the Event in which the Participant should not take part partially or in whole due to any health considerations, medical conditions or limitations.



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- iv) I understand and appreciate that it is my obligations to advise to College of any and all activities that should not be undertaken by the Participant for the reasons stated above.

Parent or Guardian to describe activities that are prohibited or require moderation for the Participant:

- v) If the Participant requires medical attention while attending the Event, the Event officials, employees or volunteers have my permission to seek medical diagnosis and treatment which in their best judgment they deem to be necessary or appropriate under the circumstances;
- vi) I understand and appreciate that there may be both known and unknown risks or dangers associated with the Participant’s participation in the Event and these may result in bodily injury, partial or total disability, paralysis or even death, along with potential psychological, social and economic losses and/or damages (any or all of which are referred to below as “Damages”). I further understand and appreciate that these risks and dangers may be caused by the action, inactions or negligence of the Participant of the action, inactions or negligence of others, including but not limited to the Releasee or the Facility Releasees (as that term is defined below). **I HEREBY ACCEPT AND ASSUME SUCH RISKS AND DANGERS AND THE RESPONSIBILITY FOR ANY RESULTING DAMAGES WHETHER CAUSED IN WHOLE OR IN PART BY THE FAILURE ON THE PART OF THE RELEASEE OR OF THE FACILITY RELEASEES TO TAKE ALL REASONABLE CARE AND IMPLEMENT SUCH REASONABLE MEASURES AS WOULD BE UNDERSTOOD RO BE NECESSARY FOR SAFETY WITHIN THE CIRCUMSTANCES;**

\_\_\_\_\_ Parent/Legal Guardian Initials

- vii) In the event that the Participant sustains any damages as a result of his or her taking in the Event, **I HEREBY RELEASE, WAIVE, DISCHARGE AND PROMISE NOT TO SUE THE RELEASEE OR ANY FACILITY USED BY THE PARTICIPANT INCIDENTAL TO, OR AS PART OF, HIS OR HER PARTICIPATION IN THE EVENT, INCLUDING THE OWNERS, OCCUPIERS, EMPLOYEES, MANAGERS, CONSULTANTS, PROMOTERS OR LESSEES OF SUCH FACILITY (THE “FACILITY RELEASEES”);**

\_\_\_\_\_ Parent/Legal Guardian Initials

- viii) If, despite my signing off on this document, the Participant (or his or her litigation guardian, the executor, administrator or other representative) makes a claim against any of the Releasees or the Facility Releasees, as the case may be, I shall indemnify any such part or parties against any actions, damages, debts, accounts, claims and demands which may be brought against it or them by or on behalf of the Participant as a result of his or her participation in the Event; **IN OTHER WORDS,**



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**SHOULD THE PARTICIPANT (OR HIS OR HER LITIGATION GUARDIAN, EXECUTOR, ADMINISTRATOR, OR OTHER REPRESENTATIVE) SUE THE RELEASEES AND/OR FACILITY**

**RELEASEES, I SHALL PERSONALLY REIMBURSE OUT OF MY OWN FUNDS ANY MONIES THAT ARE PAID BY THE RELEASEES OR THE FACILITY RELEASEES TO OR ON BEHALF OF THE PARTICIPANT AS COMPELLED BY A COURT OR AS PART OF A SETTLEMENT OR COMPROMISE ARISING OUT OF LAWSUIT;**

\_\_\_\_\_ Parent/Legal Guardian Initials

- ix) I have read this waiver and release of liability. **I FULLY UNDERSTAND THAT I HAVE GIVEN UP (ON BEHALF OF THE PARTICIPANT) SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.** By signing this Waiver and Release of Liability Form, I agree to release the Releasee and/or the Facility Releasees from all responsibility for any property damage, bodily injury, death, disability, liability, costs and expenses and claims of every nature and kind, including legal fees, howsoever arising from, this Event and the Participant's participation therein;

\_\_\_\_\_ Parent/Legal Guardian Initials

- x) I understand that the completion of this form is mandatory in order that the Participant be permitted to participate in the Event, and that by signing this form I am acknowledging my acceptance of the risks and dangers referred to above. I confirm that I was provided ample opportunity to review this form terms and seek clarification for any questions that I might have had; and

- xi) It is my intention that this document be binding on my estate, successors and assigns.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date