

Wilfrid Laurier University Department of Athletics and Recreation

TEAM RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS and INDEMNITY AGREEMENT

BY AGREEING TO THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY!

Name: Phil Dolmage
Address:
Telephone: +1 (108) 316-4294

ASSUMPTION OF RISKS:

I AM AWARE THAT THERE IS POTENTIAL RISK FOR INJURY INVOLVED IN TRAINING AND PARTICIPATION IN ANY SPORT.

I freely accept and fully assume all such risks, dangers and hazards, including but not limited to the possibility of personal injury, death, property damage or loss, resulting from my participation in on ice with the interuniversity sport programs, which participation includes training (in person or remote/virtual), team meetings (in person or remote/virtual), practice (in person or remote/virtual), Athletic Therapy/Sport Medicine care (in person or remote/virtual) and competition, **Strength & Conditioning programming and care, and travel.**

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I am also aware that I should discuss my participation in this sport with my physician to determine the effect on my current health and agree not to attend or participate in any activities (which includes training, team meetings, practice and competition or attending the facilities) should I be unwell or presenting any signs of illness (including: cough, fever, shortness of breath, loss of sense of taste or smell, runny nose, sore throat).

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of approval to participate in Wilfrid Laurier University's Women's Hockey program, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIM that I have or may in the future have against Wilfrid Laurier University, its directors, officers, employees and representatives, game officials, my team mates and other players of whom are hereinafter collectively referred to as "The Releasees").

TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Men's Hockey program due to any cause whatsoever, INCLUDING NEGLIGENCE, BREATH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. I acknowledge my responsibility to ensure adequate medical personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in

this activity.

THIS AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns or representatives in the event of my death or incapacity.

IN ENTERING INTO THIS AGREEMENT, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

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 MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASE.

By checking this box, I agree to the declaration above.

Submit

Name:

Date:

Signature: