

TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY
INFORMED CONSENT, RISK ACKNOWLEDGEMENT
AND INDEMNITY AGREEMENT

WARNING: By signing this document you indicate that you understand the risks associated with the activity(ies), that you are aware that by participating in the activity(ies) you are being exposed to the risks identified below. It gives the University authority to secure medical assistance for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by you.

PLEASE READ CAREFULLY!

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

COURSE CODE & TITLE / ACTIVITY NAME: **Hiking**

COURSE / ACTIVITY DATE: _____

Participation in the activity(s) of **Hiking**, carries with it certain inherent risks. I am aware that by participating in the activity(s), I may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

General:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus, train, public transit, water craft, airplanes or any other means of transportation to, from, or during the activity(s) or injuries/damage related to traffic accidents or poor road conditions;
- Loss, damage, injury, illness, death or expense that I may, or that members of my household(s) may suffer, including the contraction of a Communicable Disease as a result of my participation in this Activity. Communicable Diseases include, but are not limited to, any disease that can be transmitted from one person to another including viruses, bacteria, parasites or other organisms.

NOTE: Please consult with your physician prior to participating in any physical activity(s) or using any equipment if you have any pre-existing conditions which may be affected by your participation in the activity(s).

Wilderness & Outdoor Activities/Travel:

- **Mountainous and Steep Terrain:** Steep slopes, tree wells, tree stumps, creeks, icy, slippery or uneven terrain, rocks and boulders, or obstacles and hazards which may be hidden or covered;
- **Remoteness:** Becoming lost or separated from guides or companions, the inability to access rescue and medical help in the event of an accident or difficulty or inability to communicate in remote areas which may limit access to medical help in an emergency;
- **Animals:** Contact with aggressive or curious animals including bears or other carnivores, elk, moose, or other large animals, rodents, snakes, and/or birds etc.;
- **Weather:** Severe or varied exposures to cold, wet or windy weather, sleet, rain, hail, thunder and lightning, reduced visibility, the effects of strong sunlight, along with air quality and weather/extreme conditions that change rapidly without warning or can occur at any time;
- **Other Outdoor Risks:** Rock fall, tree fall, avalanches, floods, mud slides, hypothermia, dehydration, exposure to tick, flea or other insect borne illnesses/diseases, various water-borne parasites, bacteria, or other elements.

Sporting Activities:

- All manner of muscular and skeletal injuries, bruises, scrapes, cuts, strains, sprains, leg cramps, dislocations, or bone injuries;
- Head, facial, dental and neurological injuries such as concussions and traumatic brain injuries (TBI);
- An increased load on the heart that may result in dizziness, shortness of breath, fainting, chest pain or discomfort, nausea, and in extreme circumstances may result in a heart attack;
- Being struck with projectiles;
- Falling against, impacting, entanglement or impairment on apparatus, equipment or other natural or human made obstacles (visible or not visible), or against the ground, floors, walls or other surfaces;
- Contact with participants, officials, spectators, or other people or sustaining injuries arising from their actions;
- My participation and/or use of equipment beyond my own skills and abilities; and
- The use, misuse, failure or malfunctioning of equipment.

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.

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In consideration of **The Governors of the University of Calgary** permitting my participation in the activity(s) of **Hiking**, I agree as follows:

1. The University of Calgary may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
2. THAT if I am supplying my own equipment, I am responsible for ensuring that it is safe and well maintained equipment which is up to the requisite standards for the activity(s) in which I am participating. I understand that the University of Calgary accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my equipment.
 _____ (Initial here that you have read paragraph 2.)
3. I agree to **HOLD HARMLESS AND INDEMNIFY** The Governors of the University of Calgary from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my participation in the activity(s).
4. This agreement shall be governed by and construed in accordance with the laws in force in the province of Alberta and the federal laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, disputes and actions arising out of and related to this course/activity and this agreement and the parties hereby attorn to the jurisdiction of Alberta courts.

I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT I MAY CAUSE.

Signed this _____ day of _____, _____.

SIGNATURE OF PARTICIPANT

WITNESS SIGNATURE (Non Family Member)

WITNESS NAME (please print)

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraph 2 must be initialed before the participant may participate in the activity(s).

The University of Calgary (UCalgary) respects your privacy. The personal information requested on this form is being collected under the authority of section 4(c) of the Alberta Protection of Privacy Act (POPA). It will be used for the purpose of your participation in the applicable course, event or activity and for administering UCalgary’s risk management program. It will be managed in accordance with UCalgary’s Privacy Policy (<https://www.ucalgary.ca/legal-services/privacy-policy>) and may be input into automated systems to generate content or make decisions, recommendations, or predictions. If you have any questions about this form or the collection, use or disclosure of your personal information, please contact risk@ucalgary.ca or the UCalgary Access and Privacy Office at accessandprivacy@ucalgary.ca.