

TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY!

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

LABORATORY LOCATION(S): _____

DATES: From _____ To _____

ASSUMPTION OF RISK

Participation in the activity(s) of **Laboratory and Field Activities**, carries with it certain inherent risks. I am aware that, while 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).

Physical 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;
- Falling against, impacting, entanglement or impairment on apparatus, equipment or other natural or human made obstacles (visible or non-visible), or against the ground, floors, walls or other surfaces;
- Contact with participants or other people or 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.

Laboratory Work/Activities:

- The use or misuse of laboratory equipment, apparatus or instruments including, but not limited to, burners, test tubes, beakers, lasers, pressure vessels, etc.;
- The use of sharp instruments such as blades, hemostats, needles, forceps, scissors, etc.;
- Burns from the misuse of soldering irons or burners;
- The inhalation, ingestion or physical contact with chemicals, biohazards or radioactive hazards;
- Working with flammable or corrosive chemicals;
- Allergic reactions from gloves and hand cleaning products; and
- Not following Laboratory Safety rules or not wearing required Personal Protective Equipment before entering the lab.

NOTE: All participants are required to wear Personal Protective Equipment at all times while engaged in laboratory activities. This includes Personal Protective Equipment and control equipment as indicated in the Hazard Assessment for the lab they are entering or the work they are undertaking.

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:** Rockfall, tree fall, avalanches, floods, mud slides, hypothermia, dehydration, exposure to tick-borne / insect-borne / flea-borne illnesses/diseases, various waterborne parasites, bacteria, or other elements.

I understand that I am required to complete the following in order to engage in these activities:

- Read and follow the Hazard Assessment and Control Form for the specific laboratories, areas or locations I will be working within and utilize the controls identified;
- Complete the WHMIS and Safety for Laboratories course as well as all safety courses identified in the Hazard Assessment and Control Form;
- Wear the personal protective equipment as identified in the Hazard Assessment and Control Form; and
- Follow all laboratory safety rules.

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.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

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

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against **The Governors of the University of Calgary** and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");

2. 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 activity(s) of **Laboratory and Field Activities** due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIER'S LIABILITY ACT, RSA 2000 c. 0-4 AS AMENDED ON THE PART OF THE RELEASEES;

_____ (Initial here that you have read paragraph 2.)

3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES 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) of **Laboratory and Field Activities**; and
4. THAT if I am supplying my own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(s) in which I am participating. I understand that the Releasees accept no responsibility for any incidents or accidents occurring out of the use or misuse of my equipment.
- _____ (Initial here that you have read paragraph 4.)
5. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
6. This Waiver 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 the activity(s) of **Laboratory and Field Activities** and this Waiver and the parties hereby attorn to the jurisdiction of Alberta courts.

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 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 WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

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 paragraphs 2 and 4 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.