## UNIVERSITY OF NORTHERN BRITISH COLUMBIA ASSUMPTION OF RISKS, AGREEMENT TO ABIDE BY RULES OF SAFETY, RELEASE OF LIABILITY, WAIVER OF CLAIMS (FOR OPTIONAL OR VOLUNTARY ACTIVITY)

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. BY SIGNING THIS AGREEMENT YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY. UNBC offers a variety of fieldwork opportunities, but they are not without certain risks and hazards to all participants. By signing this document, you assume the risks associated with the following voluntary or optional project or activity:

Project / Activity:	Date(s) of Project / Activity:
Description of Activity:	
Supervisor:	Method of Transport To and From Activity Location:
Frequency / Duration of Activity:	
The following Assumption of Risk section is intended to enable participants to better understand and accept the various risks involved in this activity.	
Assumption of Risk/Informed Consent (Supervisor to identify risks below)  I hereby acknowledge and agree that there are inherent risks associated with this activity. I have full knowledge of the nature and extent of all risks associated with this activity', including, but not limited to:	1. To waive any and all claims that I have or may have in future against the University of Northern British Columbia, their directors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as "the Releasees") and 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 the result of my participation in the optional or voluntary activity identified above 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 Occupiers Liability Act, R.S.B.C. 1996, C337, on the part of the Releasees;
	<ol> <li>This Agreement shall be binding on my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;</li> <li>This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia.; and</li> <li>Any litigation involving parties to this Agreement shall be brought within the Province of British Columbia.</li> </ol>
	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 understood this form prior to signing it, and am aware that by signing this form I am waiving certain legal rights which I or my heirs, next of
	kin, executors, administrators or assigns may have against the Releasees.  Signed this day of,
	(day) (Month) (Year)
I freely accept and fully assume all risks, dangers, hazards, and the possibility of	Signature of Participant
personal injury, death, property damage or loss resulting therefrom. I further acknowledge that the above list is not inclusive of all possible risks associated with the work and that the list in no way limits the extent or reach of this release and covenant not to sue.	(Participant) Please Print Name Clearly
Agreement to Abide by Rules of Safety	Signature of Parent or Guardian if Participant under 19 years of Age
I hereby acknowledge and agree that I have a personal responsibility to follow safety rules and procedures established for the activity or by the supervisor(s). Further, I agree to report to the supervisor(s) at any point at which I question my knowledge of these rules or procedures or my ability to participate in any aspect of the activity.	(Parent or Guardian) Please Print Name Clearly
Release of Liability and Waiver	Signature of Witness
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In consideration of the University of Northern British Columbia permitting me to participate in the optional or voluntary activity and permitting my use of equipment,

facilities and services, I hereby agree as follows:

This agreement must be completed in full, signed, dated and witnessed before participation in the optional / voluntary activity can begin.

(Witness) Please Print Name Clearly