

# THOMPSON RIVERS UNIVERSITY



**RELEASE OF ALL CLAIMS AND WAIVER OF LIABILITY**  
**WARNING: BY SIGNING THIS, YOU GIVE UP THE RIGHT TO SUE**

**TO: THOMPSON RIVERS UNIVERSITY**

In consideration of Thompson Rivers University in granting me the privilege of participating in the activity named below I agree to this release of claims, waiver of liability, and assumption of risks (hereinafter collectively called "this Release").

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Activity, Dates, Duration)

I waive any and all claims I may have against, and release from all liability and agree not to sue, Thompson Rivers University and its officers, employees, agents and representatives (hereinafter collectively called "its Staff") for any personal injury, death, property damage or loss sustained by me as a result of my participation in the activity named above arising out of any cause whatsoever including, but not limited to, negligence on the part of Thompson Rivers University and its staff.

I am aware of all the dangers and risks inherent in the particular activity including, but not limited to the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

In entering into this Agreement, I am not relying on any oral or written representations or statements made by Thompson Rivers University or its staff, including those in any brochures or calendars issued by Thompson Rivers University, to induce me to undertake this particular activity. I confirm that I have read and understood this Release prior to signing it, and agree that this Agreement will be binding upon me, my heirs, next of kin, executors, administrators and assigns. I agree that this Agreement is to be interpreted pursuant to the laws of the Province of British Columbia and I understand that if I have any questions regarding this waiver of rights, I should consult a lawyer prior to signing this Agreement. I acknowledge that at any time Thompson Rivers University may refuse to allow participation to any persons who are a hazard to themselves or other participants involved in the activity.

WITNESS (Or Parent/Guardian if under age 19):

Signature: _____	)	_____
	)	Name of Participant (please print)
Name: _____	)	_____
Address: _____	)	Address of Participant (please print)
	)	_____
	)	Signature of Participant
Occupation: _____	)	Date: _____

Copies to: Participant, VP Admin/Finance, Department