



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, its students, instructors, employees, officers, governors and agents.

In consideration of Thompson Rivers University permitting me to participate in a:

- Arx and Sparx Welding Camp- July 18 - 22, 2022

(herein called the "Activity"), I agree to this release of claims, waiver of liability, and assumption of risks (hereinafter collectively called "this Release").

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 students, instructors, employees, officers, governors and agents (hereinafter collectively called "its Staff") for any claim, loss or injury sustained by me as a result of my participation in the Activity arising out of any cause whatsoever including, but not limited to, negligence on the part of Thompson Rivers University and Its Staff. I assume all risks associated with participating in the activity.

In participating in the activity, I am not relying on any oral or written representations or statement made by Thompson Rivers University or its Staff, including those in any brochures or calendars issued by Thompson Rivers University, to induce me to participate in the Activity.

I confirm that I have read and understood this Release prior to signing it, and agree that this Release will be binding upon me, my heirs, executors and administrators.

I agree that this Release 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 Release, I should consult a lawyer prior to signing this Release.

WITNESS:  
OR parent/Guardian if under age 19

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name: *(please print)*

\_\_\_\_\_  
Name of Participant *(please print)*

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Address of Participant