

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.

PARTICIPANT'S NAME: (HEREIN AFTER CALLED 'PARTICIPANT')			
Student/Employee Number	Surname (Family name)	First Name	Middle Initial
Date of birth (mm/dd/yyyy)			
PARTICIPANT'S CONTACT DETAILS			
Street			
City	Prov.	Postal Code	
Phone (with country & area code)	Fax	Email	
TRIP DETAILS			
Destination (city/country)			
Departure Date (mm/dd/yyyy)		Return Date (mm/dd/yyyy)	

STATEMENT OF RISKS

Work/study abroad activities are valuable personal, professional and educational opportunities, but they are not without potential risks, dangers, hazards, and liabilities to all Participants. These include, but are not limited to, personal injury, death, property damage, delay or inconvenience, expense and other loss, and cancellation or curtailment of the study abroad. All persons taking part in work/study abroad activities are required to accept these and all other risks as a condition of their participation. Royal Roads University, its instructors, employees, servants, agents, successors, administrators, assigns, and contractors, (hereinafter referred to as Royal Roads University) will not accept any liability for injury, loss, damage or expense suffered by any Participant as a result of participation in a work/study abroad activity. The information set forth in this agreement is intended to enable the Participant to better understand and accept the various risks involved. All Participants will be required to sign this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement, which will release Royal Roads University from any future claims which might arise as a result of participation in the work/study abroad activity.

STATEMENT OF PHYSICAL AND MENTAL FITNESS, INSURANCE

I am in good physical and mental health and I am able to fully participate in the work/study abroad activity and make informed, objective decisions. I am covered by, or will obtain appropriate personal accident and personal liability insurance coverage before the start of the work/study abroad activity, or can and will personally pay for all costs and liabilities that I may incur by virtue of participation in the work/study abroad activity.

I acknowledge the statement of physical and mental fitness, insurance as noted above - (initial box):

I confirm that I am the full age of majority (19 years old), and that I have read and understand this agreement. If the named participant is under the age of 19 years old, this agreement must be signed by a parent or legal guardian.

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TO: ROYAL ROADS UNIVERSITY

I, _____, am aware that work/study abroad activities involve potential risks, dangers, hazards and liabilities including, but not limited to those referred to in the Statement of Risks set forth above. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, property damage, or loss, resulting there from.

In consideration of Royal Roads University supporting my participation in work/study abroad activities, I hereby agree:

1. To waive Royal Roads University, and its members, officers, employees, students, agents, volunteers and independent contractors, (all of whom are hereinafter collectively referred to as “the Releasees”) of ANY LIABILITY resulting from any act which may cause injury, pain or damages to myself, others, or to property. The term “act” includes any action or lack of action performed while impaired. The Participant further WAIVES the right to file ANY CLAIM against the Releasees which may or may not arise from enrolling, participating, completing or withdrawing from the work/study abroad activity.
2. 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.

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 AGREEMENT AND AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this (MM/DD/YYYY):

_____ WITNESS SIGNATURE	_____ SIGNATURE OF PARTICIPANT
_____ PRINT WITNESSES NAME	_____ PRINT PARTICIPANT’S NAME
_____ _____ WITNESS ADDRESS & PHONE NUMBER	

This agreement must be completed in full, signed, dated, and witnessed and returned to the Office of Global Advancement (Grant 130) before the start of the work/study abroad activity commences.