



ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

To be used for team trips and training camps.

NAME: _____

STUDENT # (or team affiliation): _____

TEAM: _____

Event / Trip / Location: _____

Date(s) of Event / Trip: _____

I understand that the above event/trip is a voluntary activity, and that it is a separate function from my team's league commitments.

I understand there are certain risks, dangers and hazards that may occur with participation in the above event/trip, including but not limited to the hazards of travelling, accidents, illness, or the forces of nature. Accordingly, I assume all such risks, as well as the possibility of personal injury, death, property damage or loss, resulting there from.

I also understand that in the event of my conduct, giving rise to any claims against me, The University of Western Ontario will not be responsible for my conduct and I may not be covered by any liability insurance held by Western. In these circumstances, I agree that I will be accountable for my own actions. I will not hold Western responsible for any loss, damage, injury, either to me or my property, and I will indemnify Western for any claims which may be made against them as a result of my actions, arising out of my participation in the above event/trip.

continued on page 2...





continued from page 1...

Furthermore, it is my responsibility to determine if I have adequate medical, personal health, dental and accidental insurance coverage for this particular event/trip. As a full-time undergraduate student at Western, I am automatically enrolled in (but may have opted-out of) the USC Health Plan (www.usc.uwo.ca/health), which supplements my standard provincial coverage (e.g. OHIP). I understand that I should contact my insurance company to confirm I am sufficiently covered for this specific event/trip. (For additional coverage call 1-800-COVER-ME or contact your bank.) I acknowledge that I have arranged for primary and additional insurance coverage, and that I have informed my family of the nature of this trip and the possible risks that I assume through my participation.

I acknowledge that I have been advised by Western of such risks and dangers as well as the need to act in a responsible manner at all times. I have read and understood this document and I have had the opportunity to seek any advice concerning its contents. By signing this I am waiving certain legal rights, including the right to sue.

Student-Athlete (Participant)

Date

Coach

Date

*This waiver must be signed and returned to the Athletics Office before departure of noted trip.



The University of Western Ontario
Sports and Recreation Services, Intercollegiate Athletics
Thames Hall, Room 3170, London, Ontario, CANADA, N6A 3K7
Telephone: (519) 661-3551, Facsimile: (519) 661-3937
E-mail: mustangs@uwo.ca Website: www.westernmustangs.ca

