



## ***ACKNOWLEDGEMENT AND ASSUMPTION OF RISK***

To be used for team trips and training camps.

**NAME:** \_\_\_\_\_

**STUDENT**       **STAFF**       **TRAINER**       **OTHER** \_\_\_\_\_

**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/group 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 traveling, 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.

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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](mailto:mustangs@uwo.ca) Website: [www.westernmustangs.ca](http://www.westernmustangs.ca)





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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](http://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.

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**Student-Athlete (Participant)**

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**Date**

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**Coach**

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**Date**

\*\*Please file this form with the Travel Coordinator (WSRC 3235) before departure of noted trip.



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