

**Thompson Rivers University (“TRU”)**

**INFORMED CONSENT AND WAIVER AGREEMENT**

Description of Event: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_  
Name of Participant: \_\_\_\_\_  
Address of Participant: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Name of Parent or Guardian: \_\_\_\_\_

**1. ASSUMPTION OF RISK**

I, the undersigned legal guardian of the child named above as the Participant (“my child”), understand and agree that I am aware that there are physical risks associated with my child's participation in the above noted event, which include but are not limited to:

- a) injuries or death resulting from travel to and from locations to be visited;
- b) insect bites;
- c) allergic reactions to food, plants, soils, and animal life;
- d) injuries (and possibly even death) both minor, such as possible scrapes, broken bones, soft tissue injuries, sun or wind burns and major resulting from participation in above noted event and all related activities
- e) confrontations or interactions with people who are criminally or maliciously motivated.

I understand and agree that:

- a) I am solely responsible for my child’s behavior; and
- b) my child will obey all the rules and regulations pertaining to the event and all related activities;

**2. RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of TRU allowing my child to participate in this event, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I:

1. **WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against TRU and its directors, officers, employees, instructors, agents, independent contractors, representatives, successors and assigns (all of whom are hereinafter referred to as the "Releasees") and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that my child may suffer as a result of my participation in this event, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care and including the failure on the part of the Releasees to safeguard or protect my child.
2. **WILL HOLD HARMLESS AND INDEMNIFY** the Releasees from any and all liability arising from my child’s participation in the event including and liability for: (i) any property damage or personal injury to my child or to any other party resulting from my child’s participation in the event; and (ii) all costs they may incur for medical costs, search and rescue, evacuation and litigation resulting from my child’s participation in the event;

3. Agree that 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;
4. Agree this Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction, and
5. Agree litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

I acknowledge that I have read the above agreement and I understand it.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

*Date*

*Month*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

---

Signed documents must be filed with the Department/Faculty and be kept for further **two years after the minor reaches the age of 19**