



**IceBowl (April 19 - 21, 2024)
Medical Students' Association**

RELEASE OF LIABILITY, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY

BY SIGNING THIS FORM, YOU ACCEPT CERTAIN LEGAL OBLIGATIONS AND GIVE UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

INITIALS

Name of Participant	Last Name:	First Name:
Identification Number: (UAlberta ID, if applicable)	Email Address:	
Address:		City, Province:
Emergency Contact:	Last Name:	First Name:
Relationship:		Phone Number:

Assumption of Risks

In consideration of my participation in IceBowl, I acknowledge that I am aware of, and freely accept **all risks, dangers and hazards** associated with being a participant in IceBowl, including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to:

1. Injuries, incidents or property damage resulting from travel to and from all locations, venues and destinations in relation to IceBowl;
2. Injuries or illness resulting from a failure to follow directions, instructions and/or guidelines provided by those in charge of the event;
3. General health risks such as allergic reactions to food, animals, and environment;
4. Injury or loss arising from slips, trips, and falls on steep, slippery or uneven terrain;
5. Illness, injury or death resulting from the consumption of alcohol;
6. Illness arising from the provision of food or beverage by restaurants or other service providers;
7. The risks associated with traveling on commercial, public or private vehicles to and from locations to be visited, including but not limited to a vehicle accident resulting in severe physical injuries or death;
8. The service of any train, vessel, carriage, aircraft, bus, boat, motor vehicle or other conveyance which may be used in my participation in the trip. Neither will the University assume any liability for any injury, loss, accident or delay which may be occasioned by reason of any defect in any vehicle or through the act, error, neglect, negligence or default of any company or person engaged in conveying myself during participation in the trip;
9. The risks associated with travel to and from all locations, venues and destinations including transportation provided by public or private motor vehicle or hired service provider;
10. The possibility of being left without transportation due to failure to show up at times appointed for departures to and from the activities and for excursions related to the activities;
11. Severe physical injuries, illness, or death resulting from travel between the various locations that may be included as part of the trip, travel by bus, public or private motor vehicle, train, aircraft and travel to and from all personal activities during the trip;
12. Injury or illness arising from my participation in activities or functions that are not directly related to the trip activities or are a part of free time, including, without limitation, tours, walks, hiking, shopping, sports activities, swimming, dancing, intoxication and/or alcohol/drug poisoning from alcohol or drugs I consume, and any injury or loss of any nature whatsoever arising therefrom;
13. The possibility of bodily injury from physical activity including broken bones, muscle strains and sprains, soft tissue injury such as cuts and abrasions, episodes of lightheadedness, fainting, chest discomfort, leg cramps, nausea, and dental damage from falling or being knocked down;
14. An increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack;
15. All manner of injury arising from falling and impacting against the floor or ice surface, walls or rink boards, or apparatus/equipment;
16. Impacting with other participants, referees, or equipment which includes, but is not limited to, game equipment such as skates, pucks, sticks, helmets, goals, etc.;
17. Abrasions, bruises, blisters or cuts resulting from activities or impact with other participants or equipment;
18. Entanglement or impairment on obstructions;
19. Any manner of injury resulting from use, misuse, non-use and failure of any equipment, including weights;
20. Exposure to emotional or mental trauma or triggers, including but not limited to harassment or physical confrontation;
21. Potential exposure to infectious and communicable disease, including but not limited to COVID-19.

Initials: _____

Release of Liability and Indemnification

In consideration for the University allowing me to participate in IceBowl, I agree:

1. that the Governors of the University of Alberta, Medical Students' Association, their officers, employees, and volunteers (hereinafter referred to as the "University") are not responsible for any loss, damage, injury or expense of any kinds sustained by me while participating in IceBowl and all related activities, including to the



- extent that any loss, damage, injury or expense that might result from the negligence of the University;
- 2. to **WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the University arising out of any aspect of my participation in IceBowl and **to RELEASE** the University from any and all liability resulting from any loss, damage, injury (including death) or expense that I may suffer as a result of my participation in IceBowl, due to any cause whatsoever, including without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, as well as any duty of care owned under the *Occupiers' Liability Act* (Alberta) on the part of the University;
- 3. to **INDEMNIFY AND HOLD HARMLESS** the University in relation to:
 - a. any damage to University property caused by me;
 - b. any and all liability for any damages to the personal property of, or personal injury to, any third party resulting from my participation in IceBowl; and
 - c. any and all claims, demands, actions and costs which might arise out of my participating in IceBowl, even though such claims, demands, actions and costs may have been caused by the University.

Initials: _____

Acknowledgement

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives. Further, I acknowledge and agree:

- 1. To follow all rules and guidelines set out by the University and its representatives related to IceBowl and all related activities.
- 2. That students of the University of Alberta are subject to the University of Alberta's Code of Student Behaviour and Student Conduct Policy and that I will conduct myself accordingly at all times.
- 3. That I will participate safely and within my abilities. I hereby state and verify that I am physically and mentally fit to participate.
- 4. That hockey helmets should be worn at all times while participating in hockey.
- 5. I will assume full responsibility for activities that I engage in during any and all times of the event when I am not involved in the formal event activities. Due to the nature of the location of the event, I will use the buddy system whenever possible and where not possible, I will advise those I am with my plans or activities and the locations of these.
- 6. I will follow all guidelines for infection prevention and control as required, including social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to prevent the spread of COVID-19 and other communicable diseases.
- 7. I will follow health authority self-isolation guidelines and stay home if I feel ill.

SIGNED THIS _____ day of _____, 20_____, at Edmonton, Alberta.

Signature of Participant (must be over 18)

Signature of Witness

Print Name

Print Name

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administering the activity and/or to communicate with the emergency contact in case the participant is seriously injured or ill. Direct any questions about this collection to: Office of the Dean of Students, 5-02 Students Union, 8917-116 Street NW, 780-492-4145, dosdean@ualberta.ca

Note: This waiver must be copied (in colour, if possible) to a single double-sided page and completed in full (initialed, signed, dated, witnessed) before any participant may begin this activity. No changes to the document may be made except by the Dean of Students or Insurance & Risk Assessment staff. Signed documents will be kept for a minimum of ten years.