

## RELEASE AND INDEMNIFICATION

WHEREAS I wish to participate in certain activities comprising the Bison I.D. Camp during the period of \_\_\_\_\_ to \_\_\_\_\_, 20\_\_ (hereinafter, referred to as the “Activities”);

IN CONSIDERATION of the University of Manitoba (the “University”) arranging for me to have the opportunity to participate in the Activities at the University:

1. I ACKNOWLEDGE and agree as follows:
  - (a) I am familiar with, and understand the rules governing, the Activities;
  - (b) prior to participating in the Activities, I will inspect the mats, equipment, facilities and if I believe anything is unsafe or beyond my capability, I will immediately advise the coach or supervisor of such conditions and refuse to participate.
2. I FURTHER ACKNOWLEDGE that there are potential risks associated with my participating in the Activities, including, but not limited to:
  - (a) Bodily-injury risks and personal safety risks; and
  - (b) Miscellaneous risks that would result from the Activities and which might not be foreseeable to me at this time.
3. (a) I AGREE to participate in the Activities notwithstanding the above-stated risks;  
(b) I FURTHER AGREE TO ASSUME ALL RELATED HEALTH RISKS of participating in the said Activities.
4. I, my heirs, executors, administrators, successors and assigns, RELEASE the University, its respective servants, agents or employees from any claims for personal injury (including death), damages, losses or other proceedings while I am engaged in the Activities or thereafter.
5. I FURTHER AGREE TO INDEMNIFY the University, its servants, agents or employees from any damages which may result or claims or demands which may be made against the University arising out of or in consequence of the Activities and/or my actions.
6. I FURTHER STATE that I am of lawful age and legally competent to sign this Release.
7. The executed Release may be delivered by facsimile transmission and shall be deemed an original.

In signing this Release, I am not relying upon any oral or written representations or statements made by the University other than what is set forth in this Release.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE UNIVERSITY.

IN WITNESS WHEREOF I have set my hand on the date set out below.

\_\_\_\_\_

Witness

\_\_\_\_\_

Signature

Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_