



**FACULTY OF HEALTH
Professional Studies Department**

WAIVER OF LIABILITY AND RELEASE OF CLAIMS

***By signing this document you will waive certain legal rights,
Including the right to pursue legal action. Please read carefully.***

I, _____, Student ID: _____ have read, understand and agree to the following:

I have enrolled in the Pre-Clinical Course sponsored by the Faculty of Health at Kwantlen Polytechnic University. I understand that I will partake in activities in the class at the University Campus that if performed incorrectly, could potentially cause some injury. I further understand that I will be one of a group of participants supervised by at least one qualified Non-Violent Crisis Intervention (NVCI) instructors.

I hereby release and waive any claims I have or may have against Kwantlen Polytechnic University, the instructors or students who participate in the Pre-Clinical Course from any and all liability for loss or injury (&/or injuries) suffered by me as a student during the course.

I expressly agree that the qualified instructors are responsible for ensuring proper demonstration of techniques, and when followed correctly are designed for maximum safety. I acknowledge that the qualified instructors cannot be held liable if students engage in demonstrations and practice activities that deviate from the established curriculum which potentially could cause injury.

I waive any and all rights to make any claim, or proceed in any action against Kwantlen Polytechnic University including, but not limited to claims relating to any loss, damage or injury of any description for any reason whatsoever, including negligence on the part of Kwantlen Polytechnic University, its servants or agents, arising out of or in any way connected with my participation in the Pre-Clinical Course.

I acknowledge having read this waiver of liability and release of claims form, and I understand it. I have been advised by this form that this is a legal document and that I should take legal advice, and I have taken such advice as I consider appropriate. I am of full age, and my acceptance of the above agreement and waiver is evidenced by my signature.

Please Print : Name of Student

Please Print : Name of Witness

Date

Signature of Witness