



CONTINUING AND PROFESSIONAL STUDIES (CPS)
PARENT/GUARDIAN Release, Waiver and Indemnity

**ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY.**

WHEREAS the participant wishes to participate, attend, use equipment and/or facilities at Kwantlen Polytechnic University ("KPU") for a **short-term CPS course** (collectively, the "Activities") and is under the age of majority in British Columbia.

PARTICIPANT INFORMATION	
Date:	
First Name:	
Last Name:	
Address:	
Phone #:	
Emergency Contact*:	
Emergency Contact Phone #*:	

* In the provision of this information, I affirm that I am authorized by the individual named as Emergency Contact to provide their information to KPU for the purposes of addressing an emergency involving me.

CPS ACTIVITIES (Internal Purposes Only) Note: Release, Waiver and Indemnity not valid if this section not complete	
Purpose & Scope of Visit:	
Department:	
Location:	
Organizer:	
Organizer Email:	
Organizer Phone Number:	

RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of KPU allowing me to attend and/or use the equipment/facilities at KPU for the ACTIVITIES, and as a participant who wishes to voluntarily participate in the ACTIVITIES, I HEREBY AGREE as follows:

1. **ASSUMPTION OF RISK.** I understand, appreciate, and acknowledge there is a risk of injury or loss from using KPU equipment and/or facilities that may be associated with the Activities and I freely and fully agree to assume and accept all of the risks, dangers and hazards in participating in those Activities, particularly as a result of my own negligence, horse-play or misconduct, that includes but not limited to, the following:
 - A) Falling risks from stairs or any other elevated, raised, steep, slippery or uneven areas;
 - B) Bodily-injury risks such as fracturing or breaking limbs or other external or internal bodily injuries and/or use of or exposure to dangerous equipment and chemicals in or about KPU related to participating in the Activities; and
 - C) Damage or loss to my personal property.
2. **RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT.** Except to the extent that such loss, damage, injury or expense arises from the independent negligence of KPU, I AGREE as follows:
 - A) **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against KPU, and its Board Members, Officers, Employees,

other students, participants, Agents, volunteers' and Independent Contractors (hereinafter collectively included in the term "KPU") as a result of the Activities;

- B) **TO RELEASE KPU** from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participating in the Activities due to any cause whatsoever; and
- C) **TO HOLD HARMLESS AND INDEMNIFY KPU** from any and all liability for any injury, damage or loss to property (including personal property, equipment or facilities), or personal injury to any third party, resulting from my participation in the Activities.

I ACKNOWLEDGE that I have read and understood this Agreement; that I appreciate and accept the risks associated with the Activities; that I understand I am waiving my legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against KPU in connection with the participant's participation in the Activities; that I consent to the disclosure of the Personal Information about me on this form to the Parent/Guardian and Witnesses noted herein for the purposes of obtaining permission to attend/participate in the Activities; and that I have executed this Release, Waiver and Indemnity voluntarily. I further confirm that I have had the opportunity to seek independent legal advice regarding the contents of this Release, Waiver and Indemnity.

NAME OF PARTICIPANT

PRINT NAME (WITNESS)

DATE

SIGNATURE OF WITNESS

As parent/guardian of the participant, with full legal care, custody, and control of the participant, I have read and understood, and I approve of and agree to all aspects of this agreement signed by the participant as though I signed the Release, Waiver and Indemnity myself, as confirmed by my signature below. I confirm that my child, the participant, has my permission to participate in the Activities as more particularly set forth above and I acknowledge and accept the risks associated with said Activities. **Further, as the Parent or Guardian, I agree to be bound by the terms of the Release, Waiver and Indemnity noted above.**

PRINT NAME OF PARENT/GUARDIAN

PRINT NAME (WITNESS)

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF WITNESS

DATE

Personal Information. Personal information collected in connection with the Activities, including the information contained in this form, is collected for the purpose of KPU administering and providing the Activities. Such personal information is collected under the authority of Section 26 of the British Columbia's *Freedom of Information and Protection of Privacy Act*. For any questions about the collection of personal information, the Student may contact cps@kpu.ca.