



**By signing this document, you consent to your child's participation with the Pre-Med Club's 8th Annual Hoof-It-Run and release the Club, the University of Lethbridge Students' Union and the University of Lethbridge of all responsibilities and liabilities in connection to your child's participation with the Run. You are agreeing to assume all financial responsibility for any damage to third persons or their property caused by your child.**

**TO: THE PRE-MED CLUB (THE CLUB), THE UNIVERSITY OF LETHBRIDGE STUDENTS' UNION (THE ULSU) and THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE (THE "UNIVERSITY")**

CHILD'S FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
PARENT'S/GUARDRIAN'S FULL NAME: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**1. AUTHORIZATION TO PARTICIPATE:** I hereby consent to my child voluntarily participating in the 8th Annual Pre-Med Club Hoof-It Run in Lethbridge, AB on March 30<sup>th</sup>, 2019 (the "Event").

**2. DESCRIPTION OF RISKS:** I appreciate and agree that there are hazards and risks not all of which can be listed, that are inherent to my child's participation in the Event, any of which could cause bodily injury or permanent disability or loss of life and/or loss or damage to property, including those risks and hazards associated with:

- exposure to variable extremes in weather,
- symptoms arising from this type of sporting activity and related physical exertion,

I understand that I am responsible for my child's own health, medical, dental and property insurance and authorize the CLUB to secure medical advice and services as it, in its discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.

**3. RELEASE OF LIABILITY AND INDEMNITY AGREEMENT:** I hereby release THE CLUB, THE ULSU, THE UNIVERSITY and their directors, officers, employees and agents (the "Released Parties") of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from my child's participation in the Event. On behalf of my child, I hereby waive any and all claims that my child has or may have in the future against the Released Parties, and hereby release and forever discharge the Released Parties from all actions, suits, proceedings or liability for personal injury, illness, death or property damage sustained by my child, and all costs, expenses or losses resulting therefrom, as a result of participation in the Event and activities undertaken thereunder, due to any cause whatsoever including, without limitation, negligence, breach of statutory duty or otherwise. None of the Released Parties referred to herein will bear any liability whatsoever should any injury, illness or death occur to my child while s/he is participating in the Event, or at any time afterwards as a result of that participation.

I further agree to indemnify and hold harmless the Released Parties from and against all loss, liability and damage and costs suffered by any third party resulting from my child's participation with the Event including but not limited to the cost of defence, settlement and/or payment of claims or judgments.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

The personal information is collected under authority of the Alberta Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act. The information is collected for the purpose of determining participation in ULSU club related activities. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge Students' Union General Manager, Office SU180, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-329-2222.