

## INFORMED CONSENT RECORD



### Appendix B to ACTIVITY RISK MANAGEMENT PROCEDURE

**Check Box to Confirm Understanding**

I, the undersigned, acknowledge that:

1. I am aware of the known/reasonably foreseeable risks associated with this activity (Physical activity (walking), potential food allergens, and exposure to potentially disturbing information) identified in the Risk Management Plan and I consent to assume them;
2. I am aware that I have certain responsibilities as a Participant to keep myself safe under the Activity Risk Management Policy and I consent to assume them;
3. I am in a satisfactory state of health to undertake the activity and I have received all of the prescribed immunizations (where required);
4. I am aware that I will need supplementary health insurance and that I am responsible for obtaining required visas and travel documents for my participation in international activities;
5. I will comply with safety instructions from activity Supervisors; and
6. I will act in a safe and responsible manner throughout the course of the activity, taking into account instructions received and the welfare of others.
7. I understand that activities undertaken during personal time are done so at my own risk and liability.

#### **RELEASE OF LIABILITY AND WAIVER OF CLAIMS AGREEMENT**

In consideration of Trent University allowing my participation in the activity described in the Risk Management Plan, and other good and valuable consideration, the sufficiency and receipt of which is irrevocably acknowledged, I agree as follows:

1. to waive any and all claims that I have or may have in the future against Trent University, its governors, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as the Releasees);
2. to release the releasees from any liability for any loss, damage, death, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the above noted activity, including, but not limited to, negligence, breach of contract, or breach of any statutory or other duty of care, and
3. that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
4. that, in entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.
5. that I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue, which I or my heirs, next of kin, executors, administrators and assigns may have against the releasees.

**Please note: If the participant is under the age of 18 years, this informed consent form must be signed by their parent or legal guardian. This section is not required to be signed by university employees or students undertaking an activity that is mandatory for academic credit.**

**Participant Name:**

**Date:**

**Signature**

You must submit this form by email to [stuckintraffick@trentu.ca](mailto:stuckintraffick@trentu.ca) by saving and sending a copy, or clicking the submit button.

Submit Form