



Waiver of Claims Form

Release of Liability, Waiver of Claims and Assumption of Risk and Indemnity Agreement. By signing this document you will waive certain legal rights, including the right to sue. PLEASE READ CAREFULLY!

TO THE ATTENTION OF:

McMaster University and its Board of Governors, directors, officers, employees, agents, independent contractors, subcontractors, representatives, successors and assigns, and all volunteers, sponsors, officials, and other persons in any way involved or connected with the Event and/or Facilities (all of whom are hereinafter collectively referred to as "the Releases").

ASSUMPTION OF RISKS:

I am aware that participation in A&R Activities, Events, and/or Facilities involves the risk of injury and other dangers and hazards, including but not limited to: Changes, variations or slipperiness of the running surface including holes, depressions, bumps, gravel, and wet conditions; athletic injuries including overexertion, sprains, muscle pulls and tears; negligence on the part of other competitors, officials, volunteers, organisers, instructors, and negligence on the parts of releases, including the failure on the part of the releases to safeguard or protect me from the risks, dangers and hazards referred to above.

I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS INCLUDING THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THERE FROM.

RELEASE OF LIABILITY AND WAIVER OF CLAIMS:

In consideration of the Releases permitting my participation in A&R Activities, Events and/or Facilities, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Releases arising out of any aspect of my participation in A&R Activities Events and/or Facilities and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or my next of kin may suffer during my participation in A&R Activities, Events and or Facilities due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care as well as any duty of care owned under the Occupiers Liability Act, on the part of the releases, and also including the failure on the part of the releases to safeguard or protect me from the risks, dangers and hazards of A&R activities, events and/or facilities referred to above.

- TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to property of or personal injury to any third party, resulting from my participation in A&R Activities, Events, and/or Facilities; and
- 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; and
- This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction; and
- Any litigation involving the parties to this Agreement shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releases with respect to the safety of A&R Activities, Events, and/or Facilities, other than what is set forth in this Agreement.

I agree to abide by the rules as set forth by the Department of Athletics and Recreation contained in the Department of Athletics and Recreation Guidebook and posted throughout the facility. Failure to comply with the rules as set forth will be directed to the STUDENT CODE OF CONDUCT and may result in loss of privileges for all Athletics and Recreation facilities, programmes and services. If at any time emergency medical treatment is necessary, I give my consent for treatment to be given. I authorize McMaster University to take my photograph to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with McMaster University.

I declare having read and understood the above Waiver of Claims form in its entirety.

Participant Name _____

Signature of Participant _____

Date _____

Witness Name _____

Signature of Witness _____

Date _____

Must Sign





Assumption of Responsibilities Form

- I hereby acknowledge and agree to abide to the rules that the following items and activities are prohibited on all McMaster Adventure Recreation Clubs trips: alcohol of any kind, all illegal/controlled drugs and substances, cigarettes and tobacco, cannabis/marijuana in any form, e-cigarettes and vapes, all other smoking of any kind.
- I hereby acknowledge that certain risks of injury are inherent to participation in outdoor recreation activities associated with those conducted by the McMaster Adventure Recreation Clubs; Outdoor Club, Climbing Club, WhiteWater Club. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both.
- I hereby understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. Some activities involve an intense level of activity.
- I hereby agree that McMaster University, its faculty, staff and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities, property damage or lost property.
- I have read thoroughly the information brochure and understand the intensity of all activities involved.
- If at any time emergency medical treatment is necessary, I give my consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and or emergency contacts. McMaster University may decline a participant due to physical and/or verbal abuse towards staff and participants.
- I hereby understand McMaster Adventure Recreation Club trips are a communal activity and that as a participant I will be fully involved in all roles and aspects associated with the trip.
- I hereby understand that the leaders assigned to the trip have the highest authority regardless of their age, gender, ethnicity, and/or skill. That throughout the trip, and in the case of any emergency, that I as the participant shall abide by their decisions, as long as they do not put me or others in harm's way.

BY CHECKING THIS BOX I hereby authorize McMaster Adventure Recreation Clubs to **take my photograph to display and otherwise use these photographs** without charge solely for the purpose of promotional material in connection with Department of Athletics & Recreation Camps & Programs.

I declare having read and understood the above Assumption of Responsibilities Agreement in its entirety.

Signature of Participant

Date

Must Sign





Medical Information Form

Due to the nature and location of the McMaster Adventure Recreation Club's trips and events, all participants are required to provide accurate health and medical information prior to participation.

McMaster Adventure Recreation Clubs trips and events require moderate to vigorous levels of exertion. Please be aware that these vary based on the trip or event taking place. You must be able to determine for yourself if you are able to take part in such activities. If you are **Pregnant**, have any **Cardiac Conditions**, have had any form of **Organ Transplant**, have had a recent **Orthopedic Injury, Surgery**, or have **Physical or Developmental Disability**, we recommend that you **consult with a doctor** prior to taking part in the activity. If you or your physician have any questions regarding these conditions or about the activities taking place, feel free to contact us at outdoorclub.mac@gmail.com or ask your leader directly.

Must Fill Completely

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any <u>Cardiac conditions</u> which may be of concern when physically exerting yourself? Please specify if so; _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a <u>bone or joint problem</u> that could be aggravated by proposed physical activity? Please specify if so; _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any <u>Allergies</u> ? Please specify if so (and severity); _____ Do you use an Epi Pen? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have <u>Asthma</u> or similar conditions? Please specify if so; _____ Do you use an Inhaler? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have <u>Dietary Restrictions</u> ? (vegetarian, halal, etc. etc.) Please specify if so; _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have/take any <u>Medications</u> ? Please specify if so; _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any other pertinent physical, mental, and/or medical conditions we should be aware of? Please specify if so; _____

Must Fill Completely

<p>Emergency Contact Information Please provide a name and contact number of someone we may contact in case of an emergency. (someone that is not on the trip)</p> <p>Name(s): _____ Relationship to you: _____</p> <p>Contact Phone #(s): _____</p>
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Must Sign

<p>All Information provided pertaining to my physical health, medical conditions and emergency contact is accurate to my knowledge.</p>	
<p>_____</p> <p>Signature of Participant</p>	<p>_____</p> <p>Date</p>





Participant Questionnaire

The following form allows us to collect information and provide statistics on the participants we take out on trip as well as judge the level of experience that you have with outdoor camping and tripping.

Must Fill Completely

Participant Information

Participant Name: _____
 Participant Date of Birth: _____ Participant Gender: _____
 Participant Citizenship: _____
 Participant E-mail: _____ Participant Phone #: _____
 Circle all that apply: Undergrad / Graduate / International / Exchange / Alumni / Staff / Non McMaster
 Academic Year: _____

Must Fill Completely

Outdoor trip Experience: (please check and describe in detail all that apply)

Day hiking trips: _____
 Multi-day hiking trips: _____
 Backcountry/wilderness camping: _____
 First aid training: _____
 Swimming ability: _____

Previous McMaster Adventure Recreation Clubs trips (outdoor, climbing, white water)

Must Fill Completely

Gear Loans (do you need to borrow any gear for the trip?)

Do you have a hiking pack? YES NO Would you like to borrow a hiking pack? YES NO
 Do you have a sleeping bag? YES NO Would you like to borrow a sleeping bag? YES NO
 Do you have a sleeping pad? YES NO Would you like to borrow a sleeping pad? YES NO

Thanks for joining us on one of our trips. We hope you have a great time !! 😊

