



Association des étudiant.e.s diplômé.e.s
de l'Université d'Ottawa
Section 94 de la Fédération canadienne des étudiant.e.s
Graduate Students' Association
of the University of Ottawa
Local 94 of the Canadian Federation of Students

601 Cumberland
Ottawa, Ontario, K1N 6N5
info@gsaed.ca gsaed.ca
613-562-5935 613-562-5142

**RELEASE OF LIABILITY,
WAIVER OF CLAIMS, ASSUMPTION OF RISKS,
AUTHORIZATION AND INDEMNITY AGREEMENT**

IMPORTANT NOTICE: Signing this document will affect your legal rights. Please review carefully.

I, _____,
(Full Name) the undersigned graduate student registered at the University of Ottawa, have voluntarily chosen to participate in the **Winter Semester Academic Retreat** (March 26-28, 2018) organized by the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD) and Thèsez-Vous, and **I THEREFORE STATE AS FOLLOWS:**

1. **I AM AWARE** of the possibility of personal risks due to my participation in the Winter Semester Academic Retreat, which may arise from the travel arrangements, attendance, accommodations, and participation in the Winter Semester Academic Retreat and any related activities, and that there is a possibility of violence and crime, civil unrest, homesickness, and loneliness, and **I FREELY ACCEPT AND FULLY ASSUME** all risks, dangers and hazards and the possibility of personal injury, death or loss resulting from such risks, dangers and hazards.
2. **I ALSO UNDERSTAND** that the University of Ottawa, the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD), and their respective directors, officers, commissioners, faculty, staff, students, volunteers, agents, trainees, employees, representatives, successors, and assigns may not be able to ensure my complete safety at all times from such risks and dangers.
3. **I RECOGNIZE AND ACCEPT** that any activity that is unrelated to the objectives of the Winter Semester Academic Retreat, and that I decide to undertake, will be my exclusive responsibility and not the responsibility of the University of Ottawa, the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD), and their respective directors, officers, commissioners, faculty, staff, students, volunteers, agents, trainees, employees, representatives, successors, and assigns.
4. **I AGREE** to comply with the applicable policies and regulations of the University of Ottawa and the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD), throughout the entire duration of my participation at the Winter Semester Academic Retreat.
5. **I AGREE** to not bring, purchase, or use any illegal substances or weapons during the retreat.

Participant Initials



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6. **I UNDERSTAND AND FULLY ACCEPT** that if I fail to observe any conditions or rules regarding this Winter Semester Academic Retreat, that I may be asked to leave the Bus and/or the Facilities and I will fully assume all costs incurred.

7. **I AGREE** to provide the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD) with a description, if applicable, of my particular health condition (prescriptions, specific drugs, allergies, etc.).

8. **I AGREE TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against the University of Ottawa, the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD), and their respective directors, officers, commissioners, faculty, staff, students, volunteers, agents, trainees, employees, representatives, successors, and assigns arising from the Winter Semester Academic Retreat and other associated activities.

9. **I AGREE TO RELEASE** the University of Ottawa, the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD), and their respective directors, officers, commissioners, faculty, staff, students, volunteers, agents, trainees, employees, representatives, successors, and assigns from any and all liability for death or any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer arising from the Winter Semester Academic Retreat due to any cause whatsoever.

10. **I AGREE TO INDEMNIFY** the University of Ottawa, the Graduate Students' Association des étudiant.e.s diplômé.e.s de l'Université d'Ottawa (GSAÉD), and their respective directors, officers, commissioners, faculty, staff, students, volunteers, agents, trainees, employees, representatives, successors, and assigns from any and all liability for any personal injury to, or death of, myself, arising from the Winter Semester Academic Retreat.

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11. **I UNDERSTAND AND AGREE THAT THIS DOCUMENT** shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity; **THAT I HAVE READ AND I UNDERSTAND ITS CONTENT; AND THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS** which I or my heirs, next of kin, executors, administrators and assigns may have against the University.

SIGNED this _____ day of March, 2018.

Name of Student (print)	Signature of Student
Name of witness (print)	Signature of Witness

THIS AGREEMENT MUST BE SIGNED, DATED, AND WITNESSED PRIOR TO THE PARTICIPANT BECOMING ENTITLED TO PARTICIPATE IN THE EVENT.

THIS AGREEMENT MUST BE SUBMITTED TO GSAÉD PRIOR TO THE WINTER SEMESTER ACADEMIC RETREAT.

Please keep a copy of this document for future reference.

(March 2018)