



THE GOVERNORS OF THE UNIVERSITY OF LETHBRIDGE  
FACULTY OF EDUCATION

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN  
ACCIDENT. PLEASE READ CAREFULLY!**

INITIAL

Participant Name: (Please Print) \_\_\_\_\_ Student I.D.# \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ASSUMPTION OF RISKS:** I am aware that my enrollment in the Education 2500, or Professional Semester I, or II, or III (hereinafter collectively referred to as the Program) with the Faculty of Education at the University of Lethbridge for the Spring 2015 semester involves significant practical experience, where I will enjoy the opportunity to work closely with professionals and students in the area of education. I also understand that I may be required to travel to placements which may be located in, but are not limited to the City of Lethbridge, surrounding areas and school districts of Southern Alberta as well inter-provincial placement. I appreciate that I am responsible for my safe transportation to and from the placements and if I drive, I will complete and submit a Driver Agreement to the Faculty of Education, Field Experiences office. I also understand it is my responsibility to advise my insurer of any change in vehicle use including the carrying of passengers in relation to the Program. It is recognized that my involvement and participation in this practicum, including travel to and from the placements, involves certain inherent risks, dangers and hazards including but not limited to property damage and bodily injury.

I also understand that **The University of Lethbridge** cannot accept responsibility for the acts or omissions of independent agencies including the facilities at which the practicum takes place, the providers for food and beverage services, transportation to and from the placements or for any medical treatment. I understand that I am fully responsible for my own health, medical, dental and property insurance excepting those exposures that may fall within the coverage provided by the Alberta Workers Compensation Act. I freely accept and fully assume all costs, risks, dangers and hazards, including those associated with any and all activities involved in the practicum experience, including the possibility of personal injury, death, property damage, expense and other loss and delay or inconvenience resulting therefrom or from the acts or omissions of The Governors of the University of Lethbridge and its Directors, Officers, employees, agents and volunteers (all hereinafter collectively referred to as "the Releasees").

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

In consideration of The University of Lethbridge accepting my registration in the Program and assisting in arranging my practicum placement which is a requisite for completion of the Program, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** that I have or in future may have against the Releasees arising directly or indirectly from travel to and from the practicum placement and any and all activities associated with the placement.
- 2. TO RELEASE THE RELEASEES** for any and all liability for any loss, damage, injury or expense that I, my next of kin or any third party may suffer as a result of my participation in the related activities associated with the Program, howsoever arising including any wrongful act or omission, NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, THE PART OF THE RELEASEES:

(Initial here that you have read and understood clause 2.→)

INITIAL

- 3. THAT THIS AGREEMENT** shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death or incapacity; and
- 4. THAT THE TERMS** of this Release and Waiver of Claims shall apply, and have priority over any previous agreement or written agreement, representation, term or condition to the contrary.
- 5.** This Agreement shall be governed by and interpreted in accordance with the laws in the Province of Alberta.
- 6.** Any litigation involving the parties to this Agreement shall be brought within the Province of Alberta.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS AND ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)