



AMS In-Person Risk and Acknowledgement Waiver

I, the undersigned, have agreed to release the Alma Mater Society of Queen's University Incorporated, their Directors, Officers, Employees, Volunteers and Agents (the 'Released Parties') of liability for any consequence for the event/activity/trip. I am fully aware of the activities of the event/activity/trip and in consideration for being allowed to participate.

1. Start date of the 'Activity' *

3/17/2023



2. End date of the 'Activity' *

3/20/2023



3. Type of Organization *

AMS Ratified Club



4. Name of Organization *

Queen's Bands

5. Described as (the 'Activity')

Enter in following format including full club name and full title of event (e.g Alma Mater Society (AMS) Trivia Night) *

Queen's Bands Trip to Boston Parade

Assumptions of Risk and Conditions To Participate

I acknowledge and understand the following ASSUMPTION OF RISK and CONDITIONS:

1. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.
2. I am fully aware that the 'Released Parties' are free from all claims, costs, damages, liability or responsibility for personal injury, property damage, or any breach or release of personal information unless due to the proved negligence of the Released Parties, whether passive or active.
3. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties.
4. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of

serious illness and death does exist.

6. I hereby waive any and all rights against the Released Parties for any and all causes of action which may arise as a result of my participation in this event. I understand that this is a legal document and by signing this release I am giving up certain legal rights, including the right to sue should I be injured during the Activity. *

☐ Yes

7. I have read and understood this RISK AND ACKNOWLEDGEMENT WAIVER prior to signing below and agree that this will be binding on me and is governed in all respects of AMS and University Policies. *

☐ Yes

8. Name of Releasor (The Event Organizer, Volunteer and/or Participant) *

Queen's Bands

9. Residential Address of Releasor *

284 Earl St, Kingston, ON K7L 3N6

10. Phone Number of Releasor *

778-9911864

11. Date Signed *

3/17/2023



12. Digital Signature of Releasor (Participant) *

Mason Wilcox

13. Name of Witness (Name of Event Organizer from Organization) *

Queen's Bands

Photo/Video/Recording Release Consent

1. I hereby assign and grant to Alma Mater Society of Queen's University Incorporated, their Directors, Officers, Employees, Volunteers and Agents (the 'Released Parties') the right to use or publish and republish photographic and video footage of me made through any media, including recordings of events, screenshots of activity, printed or electronic matter etc. where I may be included in whole or part colour, or in black and white.
2. I hereby waive my right to inspect or approve the finished photograph/video or copy of the material that may include the aforementioned photographs and videos.
3. I hereby release the Alma Mater Society of Queen's University Incorporated and the Released Parties from and against any liability as a result of distortion, blurring, alterations or optical illusion

that may occur in taking the photograph/video/recording, using a processor, or in a reproduction of the finished product.

14. I have read and agreed to this PHOTO/VIDEO/RECORDING RELEASE
CONSENT prior to signing below and agree that this will be binding on me and is
governed in all respects of AMS and University Policies. *

☒ Yes

☐ No

Parent/Guardian Release

****IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE MUST ALSO HAVE PARENT OR LEGAL GUARDIAN
SIGN BELOW****

I, _____, the parent or legal guardian
of _____, have agreed to release the Alma Mater Society of Queen's
University Incorporated their Directors, Officers, Employees, Volunteers and Agents (the 'Released
Parties') of liability for any consequence for the event/activity/trip taking place on the date(s)
_____ (enter single date or range of dates as appropriate) and described as
_____(the
'Activity'). I am fully aware of the activities of the event/activity/trip and hereby consent to my child's
participation in the event and to his/her voluntary assumption all risks, dangers and hazards resulting
therefrom. I understand that I am solely responsible for health, medical, dental, and property
insurance covering my child.

15. I confirm that I am under the age of 18.

If Yes, then your parent/legal guardian must complete the below fields and
provide their consent.

If No, then skip section. *

☐ Yes

☒ No

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