

INFORMED CONSENT and WAIVER FORM

FROSH RETREAT 2T4

I/WE, the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities during Frosh Retreat on August 31st and September 1st, 2024 at Hart House Farm. These types of injuries may be minor or serious and may result from one's own actions or the actions or inactions of others, or a combination of both.

I/WE understand that the RULES AND REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I/WE 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.

I/WE hereby warrant being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I/WE agree that THE UNIVERSITY OF TORONTO ENGINEERING SOCIETY and its officers, employees, agents and volunteers SHALL NOT BE LIABLE for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the Engineering Society or its representatives while acting within the scope of their duties.

I/WE declare having read and understood the above INFORMED CONSENT AND WAIVER AGREEMENT in its entirety and hereby consent to participate acknowledging all of the foregoing.

Full Name (Please Print)

Signature

If under 18 years old, guardian must sign:

Guardian Name (Please Print)

Signature

Date (DD/MM/YYYY)