

WAIVER AND ASSUMPTION OF RISKS CLASS SHADOWING AT VIU FACILITIES

Vancouver Island University organises many sponsored events on a daily basis as part of its mandate with the community. In order to ensure students, employees, visitors and volunteers (to be known as Participant) are aware of the risks and hazards present on campus, information is provided on environmental, and health and safety concerns related to organised activities.

The activity concerned _____ (to be known as the Activity) occurring at _____ (location) on _____ (date(s)) **IS NOT MANDATORY** on the Participant's behalf to obtain course credit or meet other work or educational requirements.

The Participant freely accepts and fully assumes all such risks, dangers, and hazards and the possibility of personal and bodily injury, death, property damage, or loss resulting from such risks, dangers and hazards.

The Participant will be supervised at all times by a competent designated supervisor. The risks, dangers, and hazards may include but are not limited to:

- Stairs
- Vehicles
- Weather (rain, snow, sun)
- Equipment
- Hazardous goods (gasoline)
- Wildlife
- Lifting

By signing this document the Participant or his/her parent/guardian:

- Agrees to freely accept such risks, dangers and hazards inherent in undertaking the Activity.
- Understands that no remuneration, compensation, employee benefit, or any other privilege enjoyed by University employees or students is entitled as a result of participating in the Activity.
- Understands that class shadowing is not covered by the BC Worker's Compensation Board (WCB) for injuries arising as a result of the Activity. However, class shadowing is covered by the universities insurance program (UCIPP).
- Agrees that it is the responsibility of the participant to familiarise themselves with environment and health and safety requirements applicable to the Activity.
- Agrees to participate in hazard awareness training (if required), to meet personal protection requirements, to follow directives provided by Activity leaders, and to respect emergency situation guidelines.
- Agrees to follow University procedures, report any incidents witnessed, and respect environmental and health and safety requirements on University property while participating in the Activity.
- Agrees not to undertake any procedure, process, activity that was not discussed or reviewed with the Activity supervisor without first obtaining training, instruction, and/or supervision by the designated competent supervisor.
- Understands and fully accepts that if the participant chooses to participate in any other activity that is not part of the planned Activity, that they are fully responsible for the consequences of their conduct.
- Understands and fully accepts that if the Participant fails to observe any conditions or rules established during the course of the Activity, that the Participant may be asked to leave.

In the unlikely event that the Participant requires immediate life saving medical intervention (such as surgery) and that the parent/guardian and off-campus contact cannot be reached, the participant or parent/guardian agrees to give permission to the University Primary First Aid Attendant to consent to life saving procedures. The emergency contact/parent/guardian will be notified by the quickest means possible.

Participant Signature

WAIVER AND ASSUMPTION OF RISKS

Persons over 18 years of age	Anyone under the age of 19
<p>I ACCEPT AND FULLY ASSUME all such health and safety risks, dangers and hazards which may be associated with my participation.</p> <p>Upon the University's request, I AGREE to leave University property should I fail to follow the University's instructions or directions, or if there is any environmental or health and safety infraction.</p> <p>_____</p> <p>Signature of Participant</p> <p>_____</p> <p>Print name of Participant</p> <p>_____</p> <p>Telephone number at work:</p> <p>_____</p> <p>Telephone at home/cellular phone</p> <p>_____</p>	<p>I CONSENT to the Participant's presence at Vancouver Island University and I ACCEPT AND FULLY ASSUME all such health and safety risks, dangers and hazards which may be associated with his or her participation.</p> <p>Upon the University's request, I AGREE to pick up the Participant should he or she fail to follow the University's instructions or directions or if there is any environmental or health and safety infraction. I the undersigned declare that I am the parent or legal guardian of the Participant identified below. I agree to inform the participant about the guidelines of this program and Vancouver Island University requirements.</p> <p>_____</p> <p>Print name of Parent/Legal Guardian (Children under 18 years of age)</p> <p>_____</p> <p>Signature of Parent/Legal Guardian (Children under 18 years of age)</p> <p>_____</p> <p>Print name of Participant</p> <p>_____</p> <p>Telephone number at work:</p> <p>_____</p> <p>_____</p> <p>Telephone at home/cellular phone</p>
Important For All Participants	
<p>_____</p> <p>Name of other emergency contact outside of University</p>	<p>_____</p> <p>Telephone number</p>
<p>_____</p> <p>Name of University Employee Supervising Participant</p>	<p>_____</p> <p>Telephone number</p>

ACTIVITY SUPERVISOR

I _____ am the person responsible for the Participant during the course of the Activity.

- I have informed the Participant on the matters set out in this waiver
- I have informed the Director or Dean of the Activity.
- I agree to assume full responsibility for supervising the participant during the Activity.
- I agree to notify the Director or Dean and Health and Safety Services of any incident, conduct, and any other matter relating to the participant's conduct during the Activity.
- I have ensured the participant has received the required health and safety training before the start of the Activity.

Supervisor Signature

Date