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| TO: **McMASTER UNIVERSITY** (the “University”) | | | | | | | |
| **Name of Participant** | Last Name: | | | | First Name: | | |
| **Address** | Street: | | | | | | |
| City: | | Province: | | Country: | | Postal Code: |
| Phone Number: | | | Email: | | | | |
| Birth Date: (mm/dd/yy) | | Student ID Number (if applicable): | | | | Employee ID Number (if applicable): | |
| **Emergency Contact** | Last Name: | | | | First Name: | | |
| Relationship: | | | | Phone Number: | | |
| Faculty: | | | Department: | | | | |
| Activities: | | | | | | | |
| Location of Activities  (City and Country): | Name of organization where Activities are taking place: | | |

**The University places the health and safety of our students at the forefront and is, therefore,** **due to the current Coronavirus (Covid-19) pandemic, the University is neither insisting nor recommending that students commence nor continue with placements at organizations still accepting students on placement. Instead, the University is providing its students the increased flexibility on the graduation requirements. Therefore, the Faculty of Engineering at the University is only allowing students to commence or continue in placements for those students who choose to do so.**

**Assumption of Risk:**

I am aware that by participating in the Activities noted above, I will be exposed to many inherent risks and dangers (“Risks”) that may result in, among other things, mild or severe illness, physical injury, partial or total disability, death and/or property loss or damage. These Risks include, but are not limited to, risks and dangers arising from:

1. **TERRAIN & PHYSICAL ENVIRONMENT** whether visible or not, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, injury or loss arising from falls on steep, slippery or uneven terrain, from falling trees or other objects, from obstructions and from other participants in the Activities.
2. **EQUIPMENT, MACHINERY OR OTHER DEVICES** including, without limitation, any equipment deployed in respect of my Activities or by others, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury arising from the use, misuse, malfunction or breakdown of any equipment, machinery or similar device that may be deployed or used.
3. **TRAVEL** including, without limitation, travel to and from any locales scheduled to be visited or not by any means whatsoever including without limitation public or private bus, motor vehicle, boat, aircraft, helicopter or similar craft and injury or accident from being the operator of a vehicle and loading/unloading equipment or supplies from vehicles and any manner of injury or loss of any nature whatsoever arising therefrom.
4. **WEATHER** and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury resulting from exposure to weather conditions, including but not limited to cold, heat, sunlight, snow, ice, wind, hail, rain, sleet, fog, mist or similar condition.
5. **CORONAVIRUS (COVID-19)** and/or a resurgence of the virus leading to COVID-19 or any mutation thereof, which can cause illness, injury and/or death.
6. **NON-HUMAN LIFE** of any nature whatsoever, including without limitation, any animal, insect, fish, bird, fungus, vegetation, bacteria or virus and any injury or loss of any nature whatsoever occurring therefrom.
7. **OTHER HAZARDS** including without limitation hypothermia, allergens, noxious gases, electrocution, shock, drowning, chemicals (including, without limitation, herbicides, pesticides, acid and caustic bases), radioactive materials, radiation, x-rays or theft of property and any manner of injury whatsoever arising therefrom.

**Acknowledgement**:

1. I am solely responsible to select and purchase medical/health insurance adequate for the Activities and having regard to the Risks and that no medical/health insurance will be provided by the University. In the event of a medical/health problem I acknowledge and agree that the University accepts no responsibility for any costs associated with a medical/health problem not covered by my own personal plans nor will it pay for any medical/health expenses that may be incurred by me.
2. I will follow and abide by any and all risk assessments, health and safety regulations and instructions, including the above-noted if applicable, prior to taking part in the Activities.
3. I will follow and abide by any and all risk assessments, health and safety regulations, guidelines and instructions that may be in place at the organization in the Location where the Activities take pace.
4. I agree to follow all rules, guidelines, health and safety regulations, laws and any other considerations to be adhered to and acknowledge that failure to comply could result in my being removed from the Activities and sent home.
5. I am not relying upon any oral or written representations or statements made by the University other than set forth in this Assumption of Risk and Acknowledgment.

**Protection of Privacy** – The personal information requested on this form is collected under the authority of *The McMaster University Act, 1976* and is protected under the Ontario *Freedom of Information and Privacy Protection Act*. The personal information collected will be used for the purposes of implementing this Participant Waiver Agreement. Please direct any questions to the person listed below:

**Name: Andrea Thyret-Kidd Position Title: University Secretary and Privacy Officer**

**Office Mailing Address: 1280 Main St. W.,**

**Hamilton, Ontario, L8S 4L8 Telephone No. (905) 525-9140 ext. 23080**

**I acknowledge that I have read, understood and agree with this Assumption of Risk and Acknowledgment; that I appreciate and accept the Risks, and that I have executed this Assumption of Risk and Acknowledgment voluntarily.**

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| **SIGNED THIS** \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |
| Signature of Participating Employee/Student | Printed Name of Participating Employee/Student |
| Signature of Parent or Legal Guardian for Minor | Printed Name of Parent or Legal Guardian of Minor |
| Signature of Witness | Printed Name of Witness |
| **This Assumption of Risk and Acknowledgment must be completed in full (signed, dated, witnessed and initialed where indicated) before the Activities may begin.** | |