



WAIVER AND ASSUMPTION OF RISKS

DU Lifestyle Co. (DU) organizes events and contests at the DU Lab from time to time. In order to ensure contestants (to be known as Participants) are aware of the risks and hazards present, information is provided on environmental, and health and safety concerns related to organized activities.

The activity concerned The DU Shred Day (to be known as the Activity) occurring at various location on 885 River Rd. (Location) between November 9th 2013 and May 1st 2014 (Dates) IS NOT MANDATORY on the Participant's behalf.

The Participant freely accepts and fully assumes all such risks, dangers, and hazards and the possibility of personal and bodily injury, illness, death, property damage, or loss resulting from such risks, dangers and hazards. The risks, dangers, and hazards may include but are not limited to:

- Personal Safety due to all aspects of the Activity
- Weather
- Damage/loss of possessions

The Participant acknowledges and further accepts the responsibility of discussing their participation in the activity with their physician and obtaining adequate health, dental, and all other forms of insurance that may apply. 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 participants are not covered by the Workplace Safety and Insurance Board for injuries arising as a result of activity.
- Agrees that it is the responsibility of the Participant to familiarize themselves with environment and health and safety requirements applicable to the Activity.
- Authorizes DU to take photographs/video and to use these photographs in promotional material.
- Agrees to participate in hazard awareness training, to meet personal protection requirements, to follow directives provided by Activity leaders, and to respect emergency situation guidelines.
- Agrees to follow DU procedures, report any incidents witnessed, and respect environmental and health and safety requirements on or off DU Lab property while participating in the Activity.
- Agrees not to undertake any procedure, process, activity that was not discussed or reviewed with the Activity 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, the Participant may be asked to leave.

Initials _____

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Children under 18 years of age	Persons over 18 years of age
<p>I CONSENT to the Participants presence at the DU Lab and I ACCEPT AND FULLY ASSUME all such health and safety risks, dangers and hazards which may be associated with his or her participation in the Activity. Upon DU's request, I AGREE to pick up the Participant should he or she fail to follow 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 the SFUO requirements.</p>	<p>I ACCEPT AND FULLY ASSUME all such health and safety risks, dangers and hazards which may be associated with my participation in the Activity.</p> <p>Upon the SFUO's or University's request, I AGREE to leave University events should I fail to follow instructions or directions, or if there is any environmental or health and safety infraction.</p>
Print name of Parent/Legal Guardian (children under 18 years of age)	Signature of Participant
Signature of Parent/Legal Guardian (Children under 18 years of age)	Print name of Participant
Print name of Participant	Telephone number at work:
Telephone number at work:	Telephone at home/cellular phone
Telephone at home/cellular phone	
Important For All Participants	