

Parent / Guardian Consent and Waiver

I, _____ hereby grant _____ permission to participate in the summer programs at Mount Allison University. If I cannot be readily contacted in an urgent situation I hereby authorize Mount Allison University personnel to provide or cause to be provided any medical services that Mount Allison University or medical personnel consider appropriate.

Mount Allison University reserves the right to refuse further participation to any participant for inappropriate behaviour.

By signing this consent, I agree to allow Mount Allison University to reproduce the likeness of my child (photo, video, etc) in promotional materials or publications.

I am aware that a portion of the summer programs involves participation in recreation and athletic activities and that such activities involve the risk of personal injury including but not limited to broken bones and/or soft tissue damage. Any use of equipment and facilities of Mount Allison University, and / or my child's participating in such activities shall constitute acceptance of the risk regardless of the nature of the injury.

I AGREE TO HOLD HARMLESS AND INDEMNIFY Mount Allison University, its Regents, officers, employees, agents and volunteers from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my child's participation in the Explore program.

I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Mount Allison University, its Regents, officers, employees, agents and volunteers.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST MOUNT ALLISON UNIVERSITY.

Signed this _____ day of _____, 20 _____.

Signature of Parent / Guardian

Signature of Witness

** Please mail or fax this document to Mount Allison University with you deposit for your registration.*