

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS & INDEMNITY AGREEMENT 12th Annual
Pre-Med Club Hoof- It Run March 8, 2025**

INITIAL:

By signing this document you are waiving certain legal rights, including the right to sue.

PLEASE READ CAREFULLY!

Participant Name: (Please Print) _____ UofL ID#: _____

Emergency Contact: _____ Telephone#: _____

TO: THE PREMED CLUB (THE CLUB), THE UNIVERSITY OF LETHBRIDGE STUDENTS' UNION (ULSU) AND THE UNIVERSITY OF LETHBRIDGE (UOFL)

THE EVENT: The ULSU ratified Pre-Med Club is hosting the 12th Annual "Hoof-It Run" on March 8th, 2025, in the City of Lethbridge, AB; participation in the run is voluntary (hereinafter referred to as "the Event").

ASSUMPTION OF RISKS: I fully understand, acknowledge, and agree that this Event has inherent risks and dangers, not all of which can be listed but may include:

- exposure to variable extremes in weather,
- symptoms arising from this type of sporting activity and related physical exertion.

I HEREBY ACCEPT AND ASSUME all of the risks, including the possibility of death, personal injury, property damage, and loss, resulting from my participation in the Event.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT: In consideration of my participation in the Event, I hereby:

- **RELEASE** THE CLUB, THE ULSU, THE UNIVERSITY and THEIR OFFICERS, DIRECTORS, AGENTS OR EMPLOYEES (the "RELEASEES") from any and all liability for any personal injury, disability, death, property damage, or loss I may suffer as a result of my participation in the Event, FOR ANY CAUSE WHATSOEVER, including negligence or breach of contract or breach of any legal or statutory duty, on the part of the Releasees, including any failure to protect or safeguard me from injury, disability, death or loss; and
- **WAIVE** ANY AND ALL CLAIMS, DEMANDS, SUITS, AND ACTIONS that I or my heirs, successors, executors, administrators, representatives and assigns may have against THE RELEASEES for any personal injury, disability, death, property damage or loss arising directly or indirectly from my participation in the Event;
- **HOLD HARMLESS AND INDEMNIFY** THE RELEASEES from any and all liability for any property damage or losses or injury to any third party resulting from my participation in the Event.

HEALTH CARE COVERAGE: I acknowledge that I am responsible for my own health insurance. I understand and agree that the RELEASEES are not responsible for any health, medical, or dental expense I may incur as a result of the Event.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Participant Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____

The personal information is collected under authority of the Alberta Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act. The information is collected for the purpose of determining participation in ULSU club related activities. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge Students' Union General Manager, Office SU180, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-329-2222.