

TO:

<p><b>RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT</b></p> <p><b>IN SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE</b></p> <p><b><i>PLEASE READ CAREFULLY!</i></b></p>	Initial
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**DALHOUSIE UNIVERSITY**

<b>Name</b>	Last	First and initial
<b>Dal ID #</b>	B00	
<b>Address</b>	Street	City, Province and Postal Code

**ASSUMPTION OF RISKS**

I am aware that participating in the **Sweat Lodge activity** may involve many dangers, risks and hazards inherent in the activity of hiking and outdoor team building games including, but not limited to the following

- 1) Participating in Sweat Lodge Activities, I will be exposed to certain risks and dangers inherent in such an undertaking including, but not limited to, fainting, dehydration, burning of the skin, smoke inhalation, heat exhaustion, foot injuries, and heart attack and smoking of a pipe with ceremonial tobacco (optional participation). Jewelry and contact lenses are not authorized to be worn during Sweat Lodge due to possible burns or melting.
- 2) I hereby certify to the best of my knowledge that I am of reasonably good health; or that if I have any health concerns such as high blood pressure, epilepsy, or heart disease, or if I am pregnant, I have discussed and cleared participation in Sweat Lodge Activities with my physician. I understand that, regardless of the state of my health, I undertake Sweat Lodge Activities at my own risk.
- 3) I understand that by participating in the sweat lodge can result in bringing up an emotional response for self and/or others.
- 4) The procedures will be explained prior to entering the Sweat Lodge. I further understand that violation of the Sweat Lodge Procedures can lead to exclusion from Sweat Lodge Activities.

**I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of approval to participate in **Sweat Lodge Ceremony and Activity**, I agree as follows:

<p>1. <b>TO WAIVE ANY AND ALL CLAIMS</b> that I have or may in the future have against <b>DALHOUSIE UNIVERSITY</b>, its directors, officers, employees, agents, representatives, successors and assigns (hereinafter collectively referred to as "THE RELEASEES"), and <b>TO RELEASE THE RELEASEES</b> jointly and severally, of and from any and all liability for any losses, damages, expenses and claims arising out of or in connection with injury (including death) or damage to property that I may suffer, or that my next of kin may suffer as a result of my participation in the <b>Sweat Lodge</b> activity due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.</p>
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2. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any loss, expenses, damages, demands and claims arising out of or in connection with injuries (including death) or damages to any and all persons and to any and all property, in any way sustained or alleged to have been sustained as a result of activities in which I engage which are beyond the scope of those activities approved by Dalhousie University.

3. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and representatives, in the event of my death or incapacity. This Agreement shall be governed by and interpreted solely in accordance with the laws of Nova Scotia.

**I HAVE READ AND UNDERSTAND 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 REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signed at Halifax, in the Province of Nova Scotia this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature	Witness
Please print name clearly	Please print name clearly
Signature of Legal Guardian where participant is under 19 years	Relation to Minor
Please print name clearly	