



**RELEASE and INDEMNIFICATION FORM  
for EVENTS AT ONTARIO VETERINARY COLLEGE**

Name: \_\_\_\_\_

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

I am aware that during this event in which I am participating at the University of Guelph, certain risks and dangers may exist. More particular risks for this Event may include but are not limited to:

\_\_\_\_\_  
\_\_\_\_\_

**I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Event.**

In consideration of approval to participate in this Event, I, for myself, my heirs, next of kin, executors, administrators and assigns agree to **hereby release and forever discharge the University of Guelph**, its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the above-noted Event.

I also acknowledge the University of Guelph does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask the University of Guelph, its officers, directors, servants, employees and agents to accept the consequences thereof and agree to indemnify the University of Guelph, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University of Guelph, its officers, directors, servants, employees and agents arising out of or as a result of my own conduct (or that of \_\_\_\_\_).

**I declare that I have read and understood the above Release and Indemnification Form for Events in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators and assigns may have against the University of Guelph, its officers, directors, servants, employees and agents.**

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_