

Consent/Release/Waiver Form for Field Work & Student Activities

WARNING: By signing this legal document you will be giving up certain legal rights, including the right to sue.

- Please read carefully –

- Location of field work/activities: Dawson City, Dempster Highway (Tombstone Territorial Park), 40 Mile, The Dredge, The Quigley Dump, Bear Creek & surrounding Yukon Area
- Supervisor: Aubyn O’Grady and Yukon School of Visual Arts Staff & Faculty
- Purpose of field work/activities: Education & Community Engagement
- Dates of travel (if applicable): Various dates between Sept 2024 & April 2025

I, *_____ hereby acknowledge that participation in the Yukon University/ Yukon School of Visual Arts class activities involve risk of injury, minor or serious, including the possibility of permanent disability or fatality. The types of injury may result from my own actions, the action or inaction of others, a combination of both, or naturally caused events.

In consideration of Yukon University granting me the privilege of participating in the activity named above, I agree to this indemnification, release of claims and waiver of liability. I hereby indemnify and save harmless Yukon University/ Yukon School of Visual Arts and its officers, employees, agents and representatives from and against all claims, demands losses, costs,

damages, actions, suits, or proceedings by whomever made, brought or prosecuted and in any manner based upon, arising out of, and related to my participation in the activity named

above. Further I waive all claims against Yukon University/ Yukon School of visual Arts, its officers, employees, agents and representatives for any personal injury, death, property damage or loss sustained by me, my heirs, relations, and representatives as a result of my participation in the activity.

I am not relying on any oral or written statements made by Yukon University/ Yukon School of Visual Arts or its staff to make me undertake this activity. I confirm I have read and understand the activity being undertaken, including any arrangements for travel, and the risks associated, and further that I understand this release prior to signing it. This release is made under the laws of the Yukon Territory.

I acknowledge that adhering to instructions and guidance from the activity coordinator is in my best interests and that my conduct will be in accordance to rules and regulations imposed. I acknowledge that at any time Yukon University/ Yukon School of Visual Arts may refuse to allow participation to any person(s) who are a hazard to themselves, or other participants involved in the activity.

Further, I warrant that I am not aware of any personal limitation (physical or mental) that might result in increased risk to me personally, or to others participating in the activity.

Participant Information:

* First Name:

* Last Name:

* Date of birth:

*** Medical Information- allergies, prescription medication, chronic or serious illness, injury or conditions:**

Please carry any medical supplies needed for any of the above conditions on your person during the trip

Signatures:

*Participant

*Date

* Legal guardian/parent if under the legal age of 19

*Date

*Witness

*Date