ECEGSA Waiver of Claims and Release from Liability

Please read this document carefully before signing. By signing this document, you are assuming risks which may have financial and other consequences for you should you be injured or killed while participating in the activity described below.
The undersigned students and other persons (the "Students") wish to participate in the following activity (the "activity") offered by the UBC Electrical and Computer Engineering Graduate Student Association (the "ECEGSA"):

_____

The Students acknowledge and agree that in exchange for and as a condition of their participation in the activity above, they shall assume full responsibility for any damage to property which may be sustained in connection with their participation in the activity.
The Students further acknowledge that:

- they are aware that participation in the activity may be hazardous and could result in damage or injury including death;
- they are in satisfactory physical and mental condition to safely participate in the activity;
- they have disclosed to the ECEGSA any allergy or other medical condition that may affect their ability to safely participate in the activity;
- they are competent to sign this document; and
- they have read and understand the terms of this document.

Accordingly, the Students hereby release the ECEGSA, its agents, and its volunteers from all liabilities, claims, demands, actions and causes of action of any nature whatsoever arising from or related to any injury, including loss of life, that the Students may sustain, howsoever arising, including any damage, loss, theft or destruction of property, injury or death resulting from the negligence of the ECEGSA, its agents or its volunteers, while attending at, participating in or travelling to or from any of the activities listed above.
This document shall bind the Students' heirs, estate trustees, successors and assigns.

Signed on the __ day of _____, _____.

Witness Name: _____ Signature: _____

Full Name	Student Number	Signature	Phone Number

Full Name	Student Number	Signature	Phone Number