



PARENTAL RELEASE and INDEMNIFICATION FORM

For Use by Ontario Veterinary College for Individuals/Groups booking rooms in the Lifetime Learning Centre

(Form to be returned to Barb Gaudette, Dean's Office, OVC)

Name: _____
Address: _____
Department: _____
University Extension: _____

I/We _____ and _____ of the participant of the event being held in the Lifetime Learning Centre (Building 77), University of Guelph agree, for ourselves, our heirs, next of kin, executors, administrators and assigns 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/us or the participant or both arising out of or in consequence of the attendance or participation by the participant at an event being held in the Lifetime Learning Centre (at the Ontario Veterinary College).

I also acknowledge the University of Guelph does not carry medical, personal health, dental, accident and/or personal property insurance coverage with respect to the participant.

For the same consideration I/We _____ and _____, the parents/guardians of the participant 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 in consequence of the attendance or participation by the participant in the event being held in the Lifetime Learning Centre (at the Ontario Veterinary College). In addition, we acknowledge and agree to abide by the requirement to have the participant remain within room(s) booked in the Lifetime Learning Centre and not enter the remainder of the Ontario Veterinary College.

I/We declare that we have read and have understood the above Parental Release and Indemnification Form in its entirety and hereby agree to be bound by the terms and conditions. I/We are aware that by signing this agreement, we are waiving certain legal rights which I/We, my/our heirs, next of kin, executor(s), administrator(s) and personal representative(s) may have against the University of Guelph, its officers, directors, servants, employees and agents.

Signature: _____ Date: _____

Signature: _____ Date: _____

Location Where Child Will be Participating in Event

Signature: _____ Date: _____
Signature: Dean/Designate or Director/Designate