YORK UNIVERSITY ORIENTATION WEEK 2026

TO: THE BOARD OF GOVERNORS of YORK UNIVERSITY
CONSENT TO PARTICIPATE, DISCLAIMER, ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

Initials: _____

NAME (Please Print): _____ STUDENT #: _____

ADDRESS: _____ CITY: _____ PROV: _____

PHONE NUMBER: _____ EMAIL: _____

EVENT: York University Orientation Week 2026 **| EVENT DATES:** August 30th to September 6th 2026

CONSENT TO PARTICIPATE

I, _____, the parent or legal guardian of _____, hereby give my consent to his/her participation in the event as stated above (the "Event"), **including the ability to decide what portions of the event to participate in, when to leave the event, and the method of travel when leaving the event.**

DISCLAIMER

The Board of Governors of York University, their officers, directors, agents, contractors, employees, volunteers, members and representatives (all hereunder collectively referred to as "the Released Parties") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in the activities/events as stated above (the "Event") and related activities of the Event provided through the Released Parties, including injury, loss or damage which might be caused by the Negligence of the Released Parties. I am aware that participating in the Event has some inherent risks including but not limited to:

1. **Travel:** visible and non-visible risks associated with travel to and from locations to be visited, including accidents during transport by bus, public or private motor vehicle;
2. **Event Location:** the possibility of being left without transportation if I choose not to show up at the specified time and location; the possibility of becoming lost or injured, and the inability to receive immediate medical services due to remoteness of location with poor communications or any manner of injury or illness resulting from disregarding the safety instructions of the Released Parties;
3. **Bodily Injury:** including illness, accident, abandonment, uneven terrain, involvement in activities of the Event, consumption of food or beverages, being involved in a physical confrontation whether caused by myself or someone else;
4. **Intoxication:** and/ or alcohol poisoning from the alcohol I consume during the above stated Events whether voluntarily or through coercion resulting in illness, injury or death;
5. **Financial Loss:** and
6. **Legal:** Fines or penalties imposed and losses incurred for failure to comply with local laws (e.g., strict controls on the purchase and consumption of alcohol, tobacco);
7. **Loss of personal property (i.e., bags, other valuables):** including vandalism and theft.

ASSUMPTION OF RISKS

I freely permit my child or ward to participate/or not participate in any aspects of the event including leaving the event, travelling away from the event via any transportation method of their choice, whether the event is on or off campus.

Initials: _____

I freely accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage, expense and other loss delay or inconvenience resulting there from or from acts or omissions, including negligence of the Releasees.

Initials: _____

I freely accept and fully assume all risks, dangers and hazards and the possibility of, property damage, expense and other loss delay or inconvenience resulting from acts or omissions of my invitees, guests or others to whom I may be responsible for.

Initials: _____

I understand that I am solely responsible for my own health, medical, dental, and property insurance.

Initials: _____

NOTE: This agreement must be completed in full, signed, dated, witnessed, and must be initialed where indicated before the participant may participate in the Events.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of **the Released Parties** allowing me to voluntarily participate in the Event, I hereby agree as follows:

1. RELEASE AND WAIVE as against **the Released Parties** any and all losses, liabilities, damages, injuries including death, claims, demands, lawsuits, costs, expenses including legal fees and disbursements, and any other liability of any kind including negligence, howsoever arising out of or in connection with my participation in the Event.

   _____ (initial here that you have read paragraph)

2. I shall indemnify and hold harmless the Released Parties from any and all losses, liabilities, damages, injuries, claims, demands, lawsuits, costs, expenses including legal fees and disbursements, and any other liability of any kind including negligence, breach of contract or breach of any statutory or other duty of care, including any duty of care owed under the **Occupiers Liability Act, RSO 1990 c.o.2.**, as amended, on the part of the released parties, howsoever arising out of or in connection with my voluntary participation in the Event.
3. This Agreement is governed by the laws of the Province of Ontario and federal laws of Canada applicable therein. This Agreement survives termination of my participation in the Event. This Agreement cannot be modified or interpreted except in writing by York University and no oral modification or interpretation is valid.
4. This Agreement ensures to the benefit of and is binding upon me, my heirs, next of kin, executors, administrators, representatives, successors and assigns.

ACKNOWLEDGEMENT

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Released Parties s other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY VOLUNTARILY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____, 2026.

_____	_____
SIGNATURE OF STUDENT & PARENT/GUARDIAN IF UNDER 18	SIGNATURE OF WITNESS
_____	_____
PRINTED NAME OF STUDENT & PARENT/GUARDIAN	PRINTED NAME OF WITNESS

EMERGENCY CONTACT INFORMATION:

_____	_____
PERSON TO CONTACT IN CASE OF EMERGENCY	RELATIONSHIP TO STUDENT
_____	_____
EMERGENCY PHONE NUMBER(S)	EMERGENCY EMAIL (optional)

PHOTO and VIDEO RELEASE: I authorize York University to use any photograph(s) and/or videos that are taken of me while I am participating in events for promotional materials and media articles.

Initials: _____

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for the purpose of administering your participation in the activity/event and related purposes. If you have any **questions about the collection, use and disclosure** of your personal information by York University, please contact: The Information and Privacy Office, 416-736-2100

NOTE: This agreement must be completed in full, signed, dated, witnessed, and must be initialed where indicated before the participant may participate in the Events.