

INFORMED CONSENT and WAIVER FORM

I, THE UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in any activity, including the **Bobo Brass Day 2018** (the “Activity”). Taking part in the Activity may cause injuries, which may be minor or serious and may result from one’s own actions or the actions or inactions of others, or a combination of both.

I understand that the instructor will provide instructions related to the Activity and are designed for the safety and protection of participants and hereby undertake to abide by these instructions.

I hereby warrant being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of the Activity.

I hereby release and hold harmless the University of Windsor, Board of Governors, its Officers, Directors, employees, students and volunteers SHALL NOT BE LIABLE for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in this Activity.

I hereby represent and warrant that I am at least 18 years of age.

I declare having read and understood the above INFORMED CONSENT AND WAIVER AGREEMENT in its entirety and hereby consent to participate acknowledging all of the foregoing.

Participant Name (Please print)

Participant Signature

Dated: _____