

Asterion: A Journey Through the Labyrinth

June 30 through July 12, 2005

RELEASE and INDEMNIFICATION FORM for VOLUNTEERS

Name: _____

Address: _____

Telephone No: _____

I am aware that during this volunteer period in which I am participating under the arrangements of the University of Guelph, certain risks and dangers may exist, including but not limited to the hazards of traveling, accidents, the forces of nature and travel by bus, automobile or other means. More particular risks for this Program may include but are not limited to:

Construction:

- Carpentry
- Cement fabrication and the creation of straw bale walls
- Creation of earthworks (using hand tools and machinery)
- Planting of gardens
- Creating paths and trails through a variety of terrains

In addition, there are physical risks resulting from:

- Sun, heat and other adverse weather conditions
- Insects (mainly mosquitos and wasps)
- Other animals (such as bears and raccoons), plants (such as poison ivy)
- Allergies

I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Program/Activity.

In consideration of approval to participate in this Program/Activity, I, for myself, my heirs, next of kin, executors, administrators and assigns agree to **hereby release and forever discharge R. Murray Schafer** (owner of the property), his servants, employees, agents, heirs, executors, administrators and assigns, **and 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 in consequence of my participation in the above-noted Program/Activity.

I also acknowledge that R. Murray Schafer and the University of Guelph do not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask R. Murray Schafer, his servants, employees, agents, heirs, executors, administrators and assigns, or the University of Guelph, its officers, directors, servants, employees and agents to accept the consequences thereof and agree to indemnify R. Murray Schafer, his servants, employees, agents, heirs, executors, administrators and assigns, and the University of Guelph, its officers, directors, servants, employees and agents from any claims or demands which might be made against R. Murray Schafer, his servants, employees, agents, heirs, executors, administrators and assigns, and the University of Guelph, its officers, directors, servants, employees and agents arising out of or as a result of my own conduct.

I declare that I have read and understood the above Release and Indemnification Form for Volunteers in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators and assigns may have against R. Murray Schafer, his servants, employees, agents, heirs, executors, administrators and assigns, and the University of Guelph, its officers, directors, servants, employees and agents.

Date: _____

Signature: _____
Participant

Witness: _____