ACCIDENT WAIVER & RELEASE OF LIABILITY FORM

Mount Saint Vincent University Halifax, Nova Scotia Canada B3M 2J6 902.457.6160 @MSVUART www.msvuart.ca

In consideration of permission, granted now or in the future by MSVU Art Gallery to interact with the installation *Northern Oracle*, I agree and acknowledge that:

- 1. I am physically fit and sufficiently prepared for participation in this activity, and have not been advised against participating by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation.
- 2. I have met all of the prerequisites required for participation and I am at least 10 years old or am accompanied by an adult.
- 3. I will abide by the rules and regulations imposed on the participants and agree to:
 - follow instructions from Art Gallery staff
 - stay back from the edge of the roof and behave in a safe manner
 - wear flat, rubber-soled shoes
 - not carry any personal items (including phones)
- 4. There are risks and hazards inherent in interacting with the installation and that as a result of these risks and hazards, I as a participant, may suffer personal injury, even death, as well as property loss. I nevertheless freely and voluntarily assume the aforementioned risks and hazards and accordingly my participation shall be entirely at my own risk.
- 5. I waive any claim I may have against MSVU Art Gallery and Mount Saint Vincent University arising from my participation and agree to indemnify, hold harmless, and release the MSVU Art Gallery and Mount Saint Vincent University from any claims or losses, including any claim for medical services arising from my participation.
- 6. I consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during my participation, and I shall be financially responsible for such advice and services.
- 7. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, and is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and I sign it at my own free will.

□ I am 18 years or older (If under 18 years old, Parent or Guardian also must sign)

SIGNATURE

SIGNATURE – PARENT OR GUARDIAN

NAME

NAME – PARENT OR GUARDIAN