



**UBC Sailing Club General Membership Waiver Form  
THE ALMA MATER SOCIETY OF UNIVERSITY OF BRITISH COLUMBIA**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS**  
**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,**  
**INCLUDING THE RIGHT TO SUE**  
**PLEASE READ CAREFULLY!**

**TO: Alma Mater Society of UBC, UBC Sailing Club**

**ASSUMPTION OF RISKS**

I am aware that taking part in certain club activities, (including but not limited to sailing, kayaking, windsurfing, stand-up paddleboarding), may involve various risks, dangers, and hazards including the risk of personal injury, death, or property loss from various causes including but not limited to: overexertion or lack of physical fitness or conditioning, defective equipment, dangerous or unsafe environmental conditions, consumption of alcohol in a social setting, negligence on the part of other members or persons participating these activities, or negligence on the part of the UBC Sailing Club, and its executives, officers, agents and/or other representatives. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage and loss resulting there from.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS**

In consideration of the UBC Sailing Club permitting me to participate in its activities, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the UBC Sailing Club, THE ALMA MATER SOCIETY OF UBC, THE UNIVERSITY OF BRITISH COLUMBIA, their board of governors, directors, officers, employees, agents and representatives, (all of whom are hereinafter collectively referred to as "the Releasees") and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my use of or my participation in the UBC Sailing Club's activities, due to any cause whatsoever, 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**, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES;
2. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
3. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia; and
4. Any litigation involving the parties to this Agreement shall be brought within the Province of British Columbia.

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

**I have read and understand this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against the releases. Additionally, I declare that either I am of legal age (age of 19 and above) or that if I am under the age of 19, I must have this form signed by a parent or legal guardian.**

Signed this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Witness Signature \*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(if applicable)

\_\_\_\_\_  
Witness Name \*

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Parent/Guardian Name  
(if applicable)

**\* YOU MUST GET A WITNESS TO SIGN THIS DOCUMENT. WITHOUT A WITNESS YOUR UBCSC MEMBERSHIP WILL NOT BE APPROVED.**

This Agreement must be completed in full (signed, dated and witnessed) before participation in any **AMS Event**.