

BROCK UNIVERSITY

RELEASE AND INDEMNITY AGREEMENT

I, intending to be legally bound hereby and as a condition of participation in **IAIDO** organized at **BROCK UNIVERSITY** do hereby release Brock University, Kaigen Kai, the Canadian Kendo Federation, the Japanese Canadian Cultural Centre, the participants, instructors and representatives thereof, from any and all claims, liabilities, obligations, causes of action or demands that I or my administrators, executors, heirs or assigns may at any and all times hereafter have or obtain, due to or as a result of, any personal injury or bodily harm sustained or suffered by me during, arising out of or as result of any **IAIDO** activity, physical or athletic activity, or physical instruction or sport conducted or carried on at Brock University, either by itself or with others, or in, or occurring while I am on the premises or properties occupied or used by Brock University.

I further, intending to be legally bound hereby and as a condition of my participation in the aforementioned activity, do agree to indemnify and save harmless said Brock University, Kaigen Kai, the Canadian Kendo Federation, the Japanese Canadian Cultural Centre, their Boards of Directors, Boards of Trustees, members, participants, instructors and representatives from any and all liability or act committed or omitted by me during or arising from my participation in the aforementioned activity while on any premises or property occupied or used by Brock University.

I further release said Brock University, Kaigen Kai, the Canadian Kendo Federation, the Japanese Canadian Cultural Centre, their Boards of Directors, Boards of Trustees, members, participants, instructors and representatives from all claims of liability for any property or valuables lost, mislaid or stolen.

I sign this, fully realizing that my participation or engagement in the aforementioned activities may submit me to personal injury or bodily harm. I further have read the foregoing and fully understand the contents of this Release and Indemnity.

Date: _____

Signature of Participant: _____

Participant Name (Please Print): _____

Witness Signature: _____

Witness Name (Please Print): _____

(Parent or Guardian must also sign for Applicants under 18 years of age)

Signature of Parent or Guardian: _____ Date: _____

Name (Please Print): _____

Relationship to Participant: _____

Address: _____
