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# Wilfrid Laurier University

## TEAM BUILDING ADVENTURES Consent Form

Participant's Name: \_\_\_\_\_

I hereby acknowledge that certain risks of injury are inherent to my participation in the TEAM BUILDING ADVENTURES activities and lessons associated with this exercise. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both.

I hereby understand that my participation requires a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. Some activities involve an intense level of activity.

I hereby agree that Wilfrid Laurier University, its faculty, staff and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities, property damage or lost property.

I understand the intensity of activities involved with this exercise and equipment. I understand that the level of my participation is on a "challenge by choice" basis and that all Wilfrid Laurier University faculty, staff, and agents will respect my decision regarding the level of intensity of my participation. I understand that I am responsible for communicating to Facilitators any concerns regarding my participation prior to or during this exercise.

I hereby authorize Wilfrid Laurier University to take my photograph to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with the Student Leadership Centre.

I declare having read and understood the above informed consent agreement in its entirety.

Yes, I give permission for my photograph and/or video taken while participating in a Team Building Adventures delivered by the Student Leadership Centre to be used for promotional purposes.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**LAURIER**  
**Student Leadership Centre**