



**UNIVERSITY COLLEGE  
of the FRASER VALLEY**

**WAIVER OF RIGHT TO CLAIM**

I \_\_\_\_\_, hereby Declare that I understand and agree with the requirements for this activity (details attached) and that my participation will be at my own risk, and will not hold the University College of the Fraser Valley, its servants, employees or agents responsible in any way.

I hereby waive the right of action, which I may at any time have, whether for injury, damage loss or otherwise, no matter how caused.

**Participants signature:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_  
(where applicable)

**Date:** \_\_\_\_\_



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