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**Acknowledgement of Risks Agreement**

EVENT Date

I, the UNDERSIGNED, acknowledge that certain RISKS OF INJURY are inherent to participation in outdoor and fieldwork activities in Paper Code and Title. These types of injuries may be minor or serious and may result from one’s own actions, or the actions or inactions of others, or a combination of both. I further acknowledge that whilst participating on this practical there is THE POTENTIAL FOR death, physical injury, and/or psychological/emotional trauma.

Specific risks include:

* List the risks specific to this paper
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Note: Driving to and from the activity venue is also hazardous.

I understand that this is an entirely voluntary activity.

I understand that I require a minimum level of FITNESS AND HEALTH (physical, mental, and emotional capability) to participate in Paper Code. I hereby WARRANT being physically fit to participate in the course and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which may be part of these activities.

I agree that the staff of the University of Otago or its employees, contracted employees, servants or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from my participation in the above mentioned practical, UNLESS such any injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees, contracted employees, servants or agents whilst acting within the scope of their duties.

I declare having read and understood this ACKNOWLEDGEMENT OF RISKS AGREEMENT in its entirety and consent to participate, acknowledging all of the above mentioned points.

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|       |  |       |
| Signature |  | Witness Signature |
|       |  |       |
| Student ID number (if applicable) |  | Witness Name (Print) |
|       |  |       |
| Date |  | Date |