



WAIVER, RELEASE AND INDEMNITY AGREEMENT

Form: RR-2 | Revised: 26 May 2009

Please Read Carefully

I, _____, wish to be involved in (*check and initial those that apply*):

- ___ Rural Hospital Tours, or
- ___ Shadow Experiences with Physicians, or
- ___ Summer Externship Program,

("the Program") organized and conducted by The Alberta Rural Physician Action Plan (RPAP) and in consideration of RPAP allowing me to attend and participate in the Program:

1. I acknowledge that my attendance and participation in any part of the Program exposes me to risks and dangers, some being inherent in the nature of the Program, some resulting from human error and negligence on the part of the persons preparing, organizing and leading the Program, some being foreseeable, and others not.
2. I acknowledge that these risks and dangers may cause damage or loss of personal property, personal injury and even death, and I assume and accept these risks and dangers.
3. I hereby release and waive any and all claims against RPAP in respect of any damage or loss of personal property, personal injury and death whether in contract, tort, equity or however caused, which I may have or may acquire as a result of my attendance at or participation in the Program, including, without limitation, damage, loss, injury and death caused by negligence on the part of RPAP.
4. I agree to indemnify and save RPAP harmless from and against any and all claims, costs and expenses RPAP may incur or be found liable for, as a result of my attendance or participation in the Program, including, without limitation, costs, expenses and legal fees on a solicitor and his/her own client basis which RPAP may incur in defending any claims or lawsuits that, or anyone on my behalf, may bring against RPAP.
5. I understand and agree that this Agreement applies whether RPAP is at fault or not.
6. I agree to abide by all applicable rules and requirements of the University of Alberta, the University of Calgary, the Alberta Health Services and the owner of facilities the Program may involve, and the rules and requirements of the RPAP. The RPAP rules and requirements are available for viewing at www.rpap.ab.ca
7. I understand that in securing the execution of this Agreement, RPAP is acting as agent or trustee on behalf of or for the benefit of its respective employees, agents, officials, servants and representatives, whether paid or unpaid, who shall to this extent be, or be deemed to be, parties of this Agreement.
8. This Agreement shall serve to benefit and bind RPAP and myself and our respective heirs, executors, administrators, successors and assigns.
9. I certify that I have read the terms of this Waiver, Release and Indemnity Agreement and understand its contents, and that I wish to be bound by its terms.

Dated this _____ day of _____, 20__.

Name of Witness: _____ Name of Student: _____

Signature of Witness: _____ Signature of Student: _____

The personal information requested on this form is collected for the purpose of program administration and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Executive Director, The Alberta Rural Physician Action Plan, 2801 Telus House, 10020 – 100 Street NW, Edmonton, AB T5J 0N3 Phone: 780-423-9911 Fax: 780-423-9917