



HIGH-SCHOOL STUDENT WAIVER RELEASE AND INDEMNITY AGREEMENT

I, _____, wish to be involved in a Let's Go Rural! event ("the Program") organized and conducted by Alberta's Rural Health Professions Action Plan (RhPAP) and in consideration of RhPAP allowing me to attend and participate in the Program:

1. I agree to the outlined schedule and acknowledge that my attendance and participation in any part of the Program exposes me to risks and dangers, including, without limitation, risks and dangers inherent to the nature of the Program, risks and dangers resulting from human error and negligence on the part of the persons preparing, organizing and leading the Program, risks and dangers that are foreseeable, and also not foreseeable (the "Risks and Dangers").
2. I acknowledge that the Risks and Dangers may cause damage or loss of personal property, personal injury and even death, and I assume and accept the Risks and Dangers.
3. I hereby release and waive any and all claims against RhPAP in respect of any damage or loss of personal property, personal injury and death or resulting from the Risks and Dangers, 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 RhPAP.
4. I agree to indemnify and save RhPAP harmless from and against any and all claims, costs and expenses RhPAP 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 RhPAP may incur in defending any claims or lawsuits that, or anyone on my behalf, may bring against RhPAP.
5. I understand and agree that this Agreement applies whether RhPAP is at fault or not.
6. I agree to abide by all applicable rules and requirements of the local high school(s), the Alberta Health Services or Covenant Health and the owner of facilities the Program may involve, and the rules and requirements of the RhPAP. The RhPAP rules and requirements of the Program are available for viewing at www.rhpap.ca under the Program description.
7. I understand that in securing the execution of this Agreement, RhPAP 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. I allow RhPAP or its representatives to use, reproduce, publish, transmit, distribute, broadcast and display any photograph and/or video and/or audio recording that contains my image and/or voice along with my name in any RhPAP publication, multimedia production, video, CD-ROM, DVD, display, advertisement and/or on any of the corporate websites or other social media web sites without further notice or my approval of finished photographs and/or video and/or audio recordings.
9. I release RhPAP Alberta Health and their contractors, agents, successors, assigns and licensees from all liability for any claim of infringement of publicity, privacy rights or compensation that I might otherwise have had in connection with the use of my name and likeness, or a representation of my likeness, including rights to any written copy that may be created in connection with video production, editing and promotion therewith.
10. I understand that in order to participate in the program as a student/Job Shadower. I am required to have the Rubella vaccine (German Measles). It is also strongly recommended student participants have the following vaccinations and/or immunizations: Pertussis (Whooping Cough), Tetanus + Diphtheria, Measles, Mumps, Polio, Hepatitis B, Varicella (Chickenpox), Seasonal Influenza and Tuberculosis skin test.
11. This Agreement shall serve to benefit and bind RhPAP and myself and our respective heirs, executors, administrators, successors and assigns.
12. 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_____.

Parent/Guardian AND Student signatures both required:

Name of **Parent/Guardian:** _____ Name of **Student:** _____

Signature of **Parent/Guardian:** _____ Signature of **Student:** _____

The personal information requested on this form is collected for the purpose of payment processing, program administration, and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Manager, Executive Services, Alberta's Rural Health Professions Action Plan (RhPAP), Suite 416, 9707-110 Street NW, Edmonton, AB T5K 2L9 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca