



International Education Office

Mailing Address

P.O. Box 631, Station A
Toronto, Ontario, Canada M1K 5E9
T 416-289-5393 | F 416-289-5352
Email: international@centennialcollege.ca

Courier Address

941 Progress Avenue, Room C2-07
Toronto, Ontario, Canada M1G 3T8

centennialcollege.ca

CENTENNIAL COLLEGE
International Education Department
-WAIVER AND RELEASE-

I, _____, understand that there are risks in being in attendance at any of the activities during IE SaGE's Casa Loma A Nutcracker Christmas at the Castle on Tuesday December 18, 2018.

In consideration for being permitted to participate in any of the activities, I on my own behalf and on behalf of my dependents, heirs, successors, assigns, executors and administrators, hereby release and forever discharge the Releases and waive and rights which I might have against the Release with respect to any claims and liabilities whatsoever, without limitation, in connection with all activities associated with my participation in the trips, including, any injuries or impairment to virtually any part of my body which could limit my health and well-being; loss of life; expenses, permanent or temporary suffered by me.

I recognize and accept the risks involved, and hereby release Centennial College of Applied Arts & Technology, its Board of Governors, Officers, Servants, and Agents from any liability arising out of or in connection with the activities IE SaGE's Casa Loma A Nutcracker Christmas at the Castle on Tuesday December 18, 2018.

I further acknowledge that I have read the above release and understand that I am relinquishing any and all rights that I, or any of my dependents, or my heirs, executors, or administrators might have against the College for any loss, damage, injury, or expense suffered by me in connection with my association with any of these activities. I further confirm that I am over the age of 18. I sign it freely and voluntarily without any inducement.

Name: _____
Please Print Please sign

Date: _____

NEXT OF KIN TO NOTIFY IN CASE OF AN EMERGENCY:

Name: _____ Relationship: _____

Phone number: _____ Work number: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as Parent/Guardian with legal responsibility for this participant, do consent and agree to his/her release as provided under the _____ WAIVER AND RELEASE FORM of all Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in any of these events as provided in this form.

Name: _____
Please Print Please sign

Date: _____