N·S·C·A·D UNIVERSITY

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Waiver for Group Event or Activity

Name of Instructor of Host of Event:_____

Name and Date of Event /Activity:_____

I agree to be responsible for my own safety and well-being during this event/activity.

I understand that the Nova Scotia College of Art and Design assumes no responsibility for my personal well-being and safety or for my belongings.

In signing this form, I absolve the College of any responsibility to me for illness, accident, personal harm and loss or damage to my personal property during the above event/activity.

Name (Print)	Signature	Date