

**UNIVERSITY OF MALTA**

**WAIVER OF LIABILITY AND INDEMNITY FORM**

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*Clarifying that the University of Malta is not assuming any extraordinary duties as regards the safety of its students and/or third parties in relation to any physical activity*

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I, the undersigned, \_\_\_\_\_,

a part-time/full-time first/second/third/fourth year student on the course leading to the Certificate/Diploma/Bachelor of \_\_\_\_\_ (hereafter the '**Course**') at the University of Malta (hereafter '**UM**'),

Hereby:

**Declare** that I knowingly, freely and voluntarily accept to undertake any physical activity in pursuance of the Course at my own risk, whether such is carried out on UM premises or elsewhere;

**Release** UM, as well as its Officers, employees and agents from all liability, including financial responsibility, for non-delictual conduct which does not amount to negligence, imprudence or lack of attention in terms of article 1032 of the Civil Code (Chapter 16 of the Laws of Malta) in relation to any illness, personal injuries and/or loss of life that I may face during any physical activity I undertake in pursuance of the Course whether on UM premises or elsewhere;

**Waive** any and all rights which I may have against, and **covenant not to sue**, UM, its Officers, employees and agents for any and all claims relating to my health, well-being and/or loss of life arising from non-delictual conduct which does not amount to negligence, imprudence or lack of attention in terms of article 1032 of the Civil Code in connection with my participation in any such physical activity undertaken in pursuance of the Course, whether on UM premises or elsewhere;

**Agree to indemnify, defend and hold harmless** UM, its Officers, employees and agents from and against any and all unforeseen losses, expenses, damages and costs relating to my health, well-being and/or loss of life resulting from my participation in any physical activity undertaken in pursuance of the Course, whether on UM premises or elsewhere;

**Confirm** that I have read the terms of this Waiver of Liability and Indemnity Form, that I fully understand these terms and their implications and that I am as such signing this Form freely and voluntarily.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Name and ID number)

**Date:**