

## **GENDER EMPOWERMENT CENTRE - MEDICATION REQUEST (PLAN B)**

### **RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**WARNING: By Signing This Document, You Will Waive Certain Legal Rights, Including The Right To Sue. Please Read Both Pages Carefully!**

Name: \_\_\_\_\_

V Number (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_

#### **Assumption of Risks**

I am aware that **consumption of Plan B (levonorgestrel tablet 1.5 mg)**, provided to me upon my individual request, by **UVic Campus/ Heart Pharmacy** via a voucher from the **Gender Empowerment Centre**, has inherent risks, including but not limited to:

- **common side effects including: nausea, abdominal pain, fatigue, headache, dizziness, breast tenderness, vomiting, diarrhea, irregular menstrual bleeding**
- **less common side effects including: migraine, severe headache, lower abdominal pain, painful menstruation, vaginal discharge**
- **serious adverse effects including: itchiness, rash, severe pain, tubal (ectopic) pregnancy, uterine and/ or vaginal hemorrhage**

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

It is the responsibility of each participant to learn as much as possible about the risks of the venture, to weigh those risks against the advantages, and to decide whether or not to participate.

By signing this form, I **agree to have read the Drug Facts Sheet for Plan B. I understand and accept any and all risks associated with taking this medication.**

#### **Release of Liability, Waiver of Claims and Indemnity Agreement**

The University of Victoria Student's Society including its employees, agents, volunteers and licencees (collectively UVSS) through the Advocacy Group known as the Gender Empowerment Centre (GEM) offers a program wherein students can access free emergency contraception and painkillers for menstrual cramps respectively (the Program).

In consideration of the UVSS allowing my participation in the Program, I agree as follows:

1. I acknowledge that the Program and GEM staff administering it offer no medical advice, assistance or expertise of any kind, UVSS is under no obligation to allow my participation in the Program, and my participation in the Program is entirely and exclusively at my own risk.
2. I promise I will not sue UVSS and I waive any and all claims, causes of action, costs or damages of whatsoever kind or nature that I have or may in the future have against the UVSS resulting from my participation in the Program including known or unknown side effects of any medication made available to me, and mis-dosing or misadministration of medication made available to me.
3. I promise that I will not transfer or administer the medication provided to me to another person. I will not hold the UVSS accountable to any harm or liability related to any damage to the property of, or bodily injury to, any third party, resulting from my negligent or intentional act or omission while participating in the Program.
4. I understand that the UVSS has no legal or financial obligation to provide support for any non-scheduled or emergency expenses related to first aid or medical treatment in the event of an accident, injury or illness related to this medication. I acknowledge that all expenses associated with non-scheduled or emergency evacuation, rescue or first aid will be my responsibility and not paid by the UVSS .
5. I agree that:
  - a. this Agreement shall be effective and binding upon myself and any other third parties representing me.
  - b. this Agreement shall be governed by and construed in accordance with the laws of the Province of British Columbia.
6. **I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR ANY THIRD PARTY REPRESENTING ME MAY HAVE AGAINST THE RELEASEES. IT HAS BEEN EXPLAINED TO ME THAT THE RELEASEES WILL NOT PERMIT MY PARTICIPATION IN THE PROGRAM UNLESS I SIGN AND AGREE TO THIS RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.**
7. **I HAVE BEEN GIVEN THE OPPORTUNITY AND HAVE BEEN ENCOURAGED TO SEEK INDEPENDENT LEGAL / MEDICAL ADVICE PRIOR TO SIGNING THIS AGREEMENT.**

**GENDER EMPOWERMENT CENTRE STAFF HAVE VERIFIED THAT I AM 19 YEARS OF AGE OR OLDER.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



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Participant Signature

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Participant Name (printed)

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Witness Signature

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Printed Name of Witness (aged 19 or older)