

Appendix C

FacultyMember: Angela Bosse

Dept.: Office of Experiential Learning

CourseName & No.: STU Cares Day of Action

Date: Sept. 18, 2021

Travel and Field Work Safety Policy Release, Waiver and Assumption of Risk Agreement Form (“Agreement”)

ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.

In consideration of St. Thomas University (“University”) making arrangements for me to study/receive training at STU Cares Day of Action commencing on Sept. 18 2021,

I freely and voluntarily agree as follows:

Assumption of Risks: I understand that the Program will take me away from the University campus. During this period, I understand that I may be exposed to risks and hazards to my person and possessions. I freely and voluntarily assume all risks and hazards relating to participation in the Program, including but not limited to:

- death, injury, illness or loss from accidents of any nature whatsoever and/or acts of negligence;
- death, injury, illness or loss as a result of a crime or criminal acts by third parties, terrorism, war, civil unrest, riot, detention by a foreign government, arrest, other acts of any government or authority, medical quarantine or any other disturbances or causes;
- death, injury, illness or loss as a result of any natural disaster or event or extreme weather conditions or events; and
- theft or loss of personal property during the Program or any Program related travel.

I acknowledge that the above list is not inclusive of all possible risks and hazards associated with participation in the Program and that the above list in no way limits the extent of this Agreement. I acknowledge that I had option(s) not to participate in the traveling or fieldwork, but selected to do so freely and voluntarily.

Assumption of Responsibility: I understand that the University makes no statement or warranty as to the safety of the Program. I acknowledge that I have been advised by the University of the potential Risks and hazards of participating in the Program, as well as the need to act in a responsible manner at all times. I agree to inform myself about the potential risks, hazards and dangers of the areas I am travelling to and precautions which should be taken. I agree that my safety is primarily dependent upon my taking proper care of myself and avoiding any activity or behaviour that would cause harm to me or others. I agree to observe the rules and practices which may be posted or advised by the University and of each of the destinations to which I travel.

I agree to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions, during my participation in the Program.

Liability Waiver: I, my heirs, executors, administrators, successors and assigns do hereby release and hold harmless the University and all of its affiliated, related and/or participating corporations, companies, entities and organizations and their agents, successors, servants, trustees, employees, officers, directors, volunteers, students, assigns and independent contractors from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, crime or criminal acts by third parties, terrorism, war, civil unrest, riot, detention by a foreign government, arrest, other acts of any government or authority, medical quarantine, any other disturbances or causes, natural disasters or events, extreme weather conditions, transportation, accommodations, scheduling and government restrictions or regulations. I understand that this waiver cannot be modified or interpreted except in writing by the University and that no oral modification or interpretation shall be valid.

I RECOGNIZE THAT I HAVE THE OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE PRIOR TO SIGNING THIS AGREEMENT. I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT AND I FREELY AND VOLUNTARILY EXECUTE THE SAME.

Please write YES or NO in the box next to the question and initial that you have read each question.

1. Do you understand the purpose of this waiver? _____; Initials _____
2. This event has inherent risks. Do you understand these risks? _____; Initials _____
3. Are you willing to assume these risks? _____; Initials _____

Student Name: _____

Student Number: _____

Student Signature: _____

Witness Signature: _____

For Students under the age of 19 (Minors), parental signature is required.

Parental Signature (if applicable): _____

Appendix E: Medical and Emergency Contact Information Form

Participant Information	
Full Name:	Student ID:
Information you wish to disclose regarding medical condition(s), medications, allergies, etc.:	
Emergency Contact #1 (should have knowledge of any medical condition(s), medications, allergies, etc...)	
Full Name:	Relationship:
Phone Number:	Alternate Phone Number:
Address:	
Emergency Contact #2 (should have knowledge of any medical condition(s), medications, allergies etc...)	
Full Name:	Relationship:
Phone Number:	Alternate Phone Number:
Address:	
<p>I consent to the disclosure of the information in this document as necessary in the event of an emergency. I acknowledge that I have informed my Emergency Contact(s) of this designation.</p>	
Signature: _____	Date: _____

St. Thomas University collects and protects personal information under the authority of the New Brunswick *Right to Information and Protection of Privacy Act* for the purposes of operating the programs and services of the University. The personal information collected on this form will be used in the event of an emergency and to contact an individual traveller’s designated emergency contact.

The original (and any copies) of this form will be kept in a secure location.