



ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

WARNING - PLEASE READ CAREFULLY

By signing this agreement you will waive certain legal rights, including your right to sue.

(Please print)

Participant Name:	Last Name:	First Name:	
Student Number:			
Permanent Address			
	City:	Province:	Postal:
Phone Number:	()	Email:	
Emergency Contact	Phone No:		
Faculty/Department			
Dates:	From:	To:	
Destination:		City/Region:	Country:

Preamble: This study tour, field trip, exchange program, internship, clinical placement or practicum (the “Program”) is an exceptional educational/working opportunity but it comes with certain risks, dangers, hazards and liabilities to all participants. These risks include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and the possibility of the Program’s cancellation or curtailment. All participants taking part in this Program are required to accept these and other risks as a condition of their participation.

TO: THE UNIVERSITY OF THE FRASER VALLEY (“UFV”)

DESCRIPTION OF RISKS

There are inherent risks, dangers and hazards to which I may be exposed while participating in this Program. I understand that the Program will take me away from campus for an extended period of time. During this period, I understand that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, disease, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I understand that despite its efforts, UFV may not be able to ensure my complete safety at all times from such risks and dangers.

I acknowledge that the Program, in whole or in part, may be cancelled or curtailed due to weather, flooding, illness, political disturbances, terrorism, transportation problems, failure to perform on the part of the travel agents, travel guides or transportation carriers, or problems relating to customs, immigration or visa requirements. If cancellation occurs, I acknowledge that I may not be able to recover my costs.

Further, I acknowledge that UFV provided me with a statement of risks and terms of travel document (“Statement of Risks”) as part of my pre-departure briefing. I acknowledge that I reviewed the Statement of Risks, fully understand all the risks as outlined therein, had an opportunity to ask questions about such risks and the terms of travel, and agreed to act in accordance with its terms and conditions.

ASSUMPTION OF RISK

In consideration of UFV allowing me to participate in the Program, I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of **PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS** arising out of, associated with or relating to my participation in the Program.

I assure UFV that I am covered by appropriate health, hospitalization and accident insurance providing coverage for medical treatment, medical evacuation and repatriation for the countries to which I am traveling. I agree that if UFV, in its sole discretion and on my behalf, should secure any medical advice or services as it, in its sole discretion, may deem necessary for my health and safety, that I shall be financially responsible for such medical advice or services.

ASSUMPTION OF RESPONSIBILITY

I understand that it is my responsibility to abide by all applicable policies and procedures of UFV and those of the host institution/country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection for my personal possessions. I acknowledge that the Statement of Risks document, provided by UFV, outlines the terms of travel and a standard of conduct of which I am expected to follow.

RELEASE OF LIABILITY AND INDEMNITY

I hereby agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have against UFV, its Board of Governors, officers, employees, students, agents, volunteers, and independent contractors (the “UFV Parties”). I further agree to **RELEASE** the UFV Parties from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the Program due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY DUTY OF CARE** owed on the part of the UFV Parties. I further agree to **INDEMNIFY AND HOLD HARMLESS** the UFV Parties from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Program.

ACKNOWLEDGEMENT

I acknowledge that I am not required to participate in the Program and that I am choosing to do so of my own free will. I understand that it is my responsibility to learn as much as possible about the risks of this Program and to weigh those risks against the advantages, and to decide whether or not to participate.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the UFV Parties, other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Signature of Participant:	Signature of Witness:
Date:	Witness (Print Name):

Collection Notice: The personal information requested on this form is collected under the authority of the *University Act*, and in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will only be used for the purpose of implementing this Assumption of Risk, Release of Liability and Indemnity Agreement. Direct any questions about this collection to [] at [] at UFV at (604) - .

This agreement must be completed in full, signed, and dated before the participant is allowed to participate in the Program.