

The Department of Geography and Environment

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

Student Name: _____ Student Number: _____

Nature of Event / Field Trip: _____

Date of Event / Field Trip: _____

I am aware that during field trips, exchanges or other excursions in which I am participating under the arrangements of the University of Western Ontario, certain risks and dangers may occur, including, but not limited to, the hazards of traveling, accidents or illness in remote places without medical facilities; the forces of nature and travel by air, train, automobile or other means; as well as exposure to customs and practices of societies different from our own. Accordingly, I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers.

More particularly, I appreciate that The University of Western Ontario does not carry medical, accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from my education or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases, I agree to be accountable in all respects for my own actions and not to ask the University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against the University in relation to such actions.

I acknowledge that I have been advised by The University Western Ontario of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding and acceptance of these realities and in consideration for being permitted by the University to participate in the above-mentioned event/field trip.

Date

Signature of Participant

Signature of Witness

continued...

STUDENT NAME: _____

EMERGENCY CONTACT:

Emergency Contact Name: _____

Emergency Contact Phone: _____

HEALTH INFORMATION:

Health Plan: Specify OHIP/ UHIP (or equivalent): _____ #: _____

Please list any allergies (including food allergies), drug sensitivities, regular medications and other information that might be of significance to a physician treating you in an emergency:

TRANSPORTATION:

I am aware that the University is providing transportation to and from the event/field trip site. **I have chosen to travel to and from the field trip site using alternate transportation.**

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.

Date

Signature of Participant

Signature of Witness

This agreement must be completed in full, signed, dated, and witnessed before the participant may participate in the event/field trip.

The information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended, and is needed for the administration of field trips. If you have any questions about the University's collection, use, or disclosure of this information, please contact the Corporate Insurance Administrator, Support Services Building, Room 5100 (tel: 519-661-2111 x85899).