

**RELEASE and INDEMNIFICATION FORM
for FIELD TRIPS, EXCHANGES or EXCURSIONS**

Name: _____

Student Number: _____

Course: _____

Field Trip, Exchange or Excursion: _____

Date of Field Trip, Exchange or Excursion: _____

I am aware that during this field trip, exchange or excursion (the" **Excursion**") in which I am participating under the arrangements of the University of Guelph ("University"), certain risks and dangers may exist, including but not limited to the hazards of travelling, accidents or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means. More particular risks for this Excursion may include but are not limited to:

I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Excursion.

In consideration of approval to participate in this Excursion, I, for myself, my heirs, next of kin, executors, administrators and assigns agree to **hereby release and forever discharge the University**, its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the above-noted Excursion.

I also acknowledge the University does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask the University, its officers, directors, servants, employees and agents to accept the consequences thereof and agree to indemnify the University, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University, its officers, directors, servants, employees and agents arising out of or as a result of my own conduct.

If circumstances arise which the University, in its sole discretion considers to be an emergency, I authorize the University to disclose any of my personal medical, health or contact information, as appropriate.

I declare that I have read and understood the above Release and Indemnification Form for Field Trips, Exchanges or Excursions in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators and assigns may have against the University, its officers, directors, servants, employees and agents.

Date: _____

Signature: _____
Participant

Witness: _____

Excursion Safety

Basic Safety Regulations

1. You should ordinarily travel and work in pairs or larger groups whenever the whole group splits up. There may be occasions when it is necessary to travel or work alone. In such cases, it is important to inform others of your destination, and anticipated time of return.
2. Persons with severe allergies are responsible for carrying the appropriate antidote kit. Some excursion sites are in remote locations where emergency medical treatment may not be available.
3. Persons with particular medical or dietary needs must advise the course co-ordinator and are responsible for carrying the appropriate medicines or food.
4. Persons should carry a map when working in isolated areas. As well, when working in unfamiliar heavily wooded areas, it is important to "flag" the route from the base to your study site.
5. It is critical to review all supporting course materials, especially those describing the specific risks associated with the particular areas in which the excursion will be conducted.

EMERGENCY INFORMATION

Name: _____ Student Number: _____

Course: _____

Field Trip, Exchange or Excursion: _____

OHIP Number: _____

Health Information: Do you have any allergies, drug sensitivities or any other medical condition of which the course co-ordinator should be aware. If so, please specify:

Emergency Contact Number:

Name: _____ Relationship: _____

Address: _____ Phone: Home: _____

Work: _____

HEALTH COVERAGE

I acknowledge that it is my responsibility to carry sufficient health insurance to cover any extra costs involved in health care inside and/or outside CANADA.

Name of other insurer(s) and policy numbers: _____

Name of policy holder (if not student): _____

Policy holder guarantees that additional coverage is in force for the duration of the field course.

Date: _____

Signature: _____

Policy holder

I acknowledge that I have read the information contained on this Excursion Safety Sheet. I acknowledge that I am responsible for my own safety and for advising the course co-ordinator of any medical condition which may impact on my participation in the Excursion. Since emergency medical treatment may not be available at all times during this Excursion, I also acknowledge my responsibility to travel with whatever medications necessitated by the above-noted condition.

Date: _____

Signature: _____

Participant