

RELEASE and INDEMNIFICATION FORM for FIELD TRIPS, EXCURSIONS

Name: _____ Student Number (if applicable): _____

Address: _____

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, certain risks and dangers may exist, 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. More particular risks for this Excursion may include but are not limited to: (to be completed by the course coordinator(s) of the Excursion)

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, beneficiaries, executors, administrators and assigns agree to **hereby release and forever discharge the University of Guelph**, 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 further agree not to make any claims (including any cross-claim, counter-claim, third party, action or application) against any person or corporation who might claim contribution or indemnity against the University of Guelph.

I also acknowledge the University of Guelph 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 of Guelph, its officers, directors, servants, employees and agents to accept the consequences thereof and agree to indemnify the University of Guelph, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University of Guelph, its officers, directors, servants, employees and agents arising out of or as a result of my own conduct.

I agree and acknowledge that in the event that any provision of this Release and Indemnification is deemed void, invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect.

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 of Guelph, its officers, directors, servants, employees and agents.

Date: _____

Signature: _____ (Participant) _____ (Witness)

Note: If the Participant is not of legal age, this Release and Indemnification MUST be accompanied by the properly signed Parental Release and Indemnification Form for Underage Participants.

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University of Guelph - Excursion Safety

Basic Safety Expectations:

1. You should ordinarily travel and work in pairs or larger groups whenever the whole group splits up. There may be occasions when you travel or work alone. In such cases, it is important to inform others of your destination, and anticipated time of return. **Please remain with the group at all times otherwise.**
2. Persons with severe allergies are responsible for carrying the appropriate antidote kit.
3. Persons with particular medical or dietary needs must advise the course co-ordinator(s) and are responsible for carrying the appropriate medicines or food.
4. Participants are responsible for carrying their medical insurance information in case of injury and the need for medical care.
5. It is critical that participants 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

Please provide the following information to be used in case of an emergency.

Name: _____ Student Number: _____

Field Trip, Exchange or Excursion: _____

Do you have any allergies, drug sensitivities or any other medical condition of which the course coordinator(s) should be aware? If so, please specify:

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone Number (Daytime, Evening and Cell): _____

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 coordinator(s) of any medical condition which may impact 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) _____ (Witness)