

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AUTHORIZATION, AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ (print name), the undersigned student registered at the University of Ottawa, have voluntarily chosen to take part in a Student-Proposed Internship AND I THEREFORE STATE AS FOLLOWS:

I SHALL, at my own expense, arrange and take responsibility for the following:

- a. all travel documentation, or other documents required for the placement, including but not limited to all visas and work permits;
- b. transportation to and from the country where the placement is to take place, including any changes to travel arrangements, and the associated costs;
- c. accommodation in the host country;
- d. any insurance coverage, including travel, medical, property and workplace insurance, that may apply to me;
- e. all legal and financial obligations arising from the above or from my participation in the placement. This can include the reimbursement of scholarships/bursaries as described in their terms and conditions;
- f. monitor and abide by the recommendation in the Travel Advice and Advisories issued by the [Government of Canada](#) for the areas visited.

I AM AWARE of the possibility of personal health and safety risks due to my participation in the placement, including the exposure to diseases, to different legal and cultural standards, to travel and personal safety risks; and I freely accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death or loss resulting from these.

I AM ALSO AWARE of the immunization required before entering the country or the placement workplace and I will obtain such appropriate immunizations at my expense.

IN CONSIDERATION of my voluntary participation in the placement and recognizing that the University of Ottawa cannot fully screen the host organization or the conditions under which I will be undertaking my placement, I AGREE to conduct myself in a responsible manner AND I FURTHER AGREE AS FOLLOWS:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have against the University of Ottawa, its directors, officers, employees, students, volunteers, and other representatives (hereinafter collectively referred to as the "Releasees") arising from my participation in the placement.

2. TO RELEASE the Releasees from any and all liability for death or any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer arising from my participation in the placement.
3. TO INDEMNIFY the Releasees from any and all liability for any damage to property of, personal injury to, or death of any third party arising from my participation in the placement.
4. THAT I have fully informed the person designated below as my Next of Kin concerning my participation in the student proposed internship; that he/she has agreed to act as my Next of Kin; and that I AUTHORIZE the University of Ottawa to contact this person for or with information about me unless I revoke or change this appointment by notifying the University of Ottawa in writing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: (home) \_\_\_\_\_  
(work) \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. THAT THIS DOCUMENT shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity; THAT I HAVE READ IT AND I UNDERSTAND ITS CONTENTS; AND THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS which I or my heirs, next of kin, executors, administrators, and assigns may have against the Releasees.

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of participant**

\_\_\_\_\_  
**Print name of witness**

\_\_\_\_\_  
**Signature of witness**