

## WAIVER AND ASSUMPTION OF RISKS

The University of Ottawa allows Field Research (to be known as the Activity) outside of the University campuses on a regular basis. In order to ensure students and volunteers (to be known as Participants) are aware of the risks and hazards present, information is provided on environmental, and health and safety concerns related to these activities.

The Activity occurring in \_\_\_\_\_ (location) on \_\_\_\_\_ **IS NOT MANDATORY** on the Participant's behalf.

The Participant freely accepts and fully assumes all such risks, dangers, and hazards and the possibility of personal and bodily injury, illness, death, property damage, or loss resulting from such risks, dangers and hazards. The risks, dangers, and hazards may include but are not limited to:

- Personal Safety due to all aspects of the Activity
- Weather
- Damage/loss of possessions

The Participant acknowledges and further accepts the responsibility of discussing their participation in the activity with their physician and obtaining adequate health, dental, and all other forms of insurance that may apply. By signing this document the Participant:

1. Agrees to freely accept such risks, dangers and hazards inherent in undertaking the Activity.
2. Understands that participants are not covered by the Workplace Safety and Insurance Board for injuries arising as a result of activity.
3. Understands and fully accepts that incidental fees, including health and dental insurance (invoiced in the Fall session only) will be payable unless I indicate in writing my intention to withdraw from this program.
4. Agrees that it is the responsibility of the Participant to familiarise themselves with environment and health and safety requirements applicable to the Activity; this includes attending the Pre-Departure training offered through the International Office (Tel.: 1-613-562-5847).
5. Agrees to follow University procedures, report any incidents witnessed, and respect environmental and health and safety requirements on or off University property while participating in the Activity.
6. Understands and fully accepts that if the participant chooses to participate in any other activity that is not part of the planned Activity, that they are fully responsible for the consequences of their conduct.
7. Understands and fully accepts that if the Participant fails to observe any conditions or rules established during the course of the Activity, that the Participant may be asked to leave.
8. Agrees to arrange and take responsibility for the following:
  - all travel documentation, or other documentation, required for this Activity, including but not limited to all visas and work permits;
  - transportation to and from the country in which this Activity takes place;
  - accommodation in the country in which this takes place;
  - any insurance coverage, including travel, medical (coverage for repatriation in case of sickness and/or death must be unlimited), property and workplace insurance that may apply;
  - to research any immunization requirements and obtain such immunizations;
9. Agrees to monitor and abide by the recommendation in the Travel Reports and Travel Warnings issued by the Department of Foreign Affairs and International Trade for the areas visited ([http://www.voyage.gc.ca/consular\\_home-en.asp](http://www.voyage.gc.ca/consular_home-en.asp));
10. Agrees to register with the Canadian Department of Foreign Affairs and International Trade prior to departure ([https://www.voyage2.gc.ca/Registration\\_inscription/Register\\_Inscrire/Login\\_ouvrir-une-session-eng.aspx?fwd=true&hash=pOV4sJhYtXNnDsAOImpW8w6161](https://www.voyage2.gc.ca/Registration_inscription/Register_Inscrire/Login_ouvrir-une-session-eng.aspx?fwd=true&hash=pOV4sJhYtXNnDsAOImpW8w6161));
11. Agrees to waive any and all claims that the Participant have or may have against the University of Ottawa, its directors, officers, employees, students, volunteers and other representatives arising from the participation in this activity.



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### Participants

**I ACCEPT AND FULLY ASSUME** all such health and safety risks, dangers and hazards which may be associated with my participation.

Upon the University's request, **I AGREE** to leave University events should I fail to follow the University's instructions or directions, or if there is any environmental or health and safety infraction.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print name of Participant

\_\_\_\_\_  
Telephone number at work:

\_\_\_\_\_  
Telephone at home/cellular phone

### Important For All Participants

\_\_\_\_\_  
Name of other emergency contact outside of University

\_\_\_\_\_  
Telephone number