

Risk Management Agreement

Education Abroad Program

Name:		Student ID #:	
Reason for the Trip:		<input type="checkbox"/> Exchange <input type="checkbox"/> Summer Course <input type="checkbox"/> Clinical Rotation <input type="checkbox"/> Research <input type="checkbox"/> Faculty-led Course <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other(Specify): _____	
Destination Country(s):		City(s):	Athens, Corinth, Nauplion, Sparta, Mycenaean Pylos, Olympia, Thermopylae
Program Date:	From:	To:	07/18/2018
	07/01/2018		

INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

The University of Alberta collects and protects personal information under the authority of the Alberta *Freedom of Information and Protection of Privacy Act* for the purpose of operating the programs and services of the university. If you require the disclosure of your personal information to another person, designated agent or agency, legal counsel or other purposes, please complete the following informed consent document as required under *the Act*.

I voluntarily authorize	the University of Alberta				
to disclose information regarding: (check all that applies)	<input type="checkbox"/> the status of my application (nominated, being considered, denied); <input type="checkbox"/> information while overseas (accommodation, safety and related matters); <input type="checkbox"/> correspondence and updates between myself and the University of Alberta pertaining to my study abroad program				
originally collected to:	facilitate my participation in a study abroad program				
releasing to:	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Name _____</td> <td style="border: none;">Relationship _____</td> </tr> <tr> <td style="border: none;">Name _____</td> <td style="border: none;">Relationship _____</td> </tr> </table>	Name _____	Relationship _____	Name _____	Relationship _____
Name _____	Relationship _____				
Name _____	Relationship _____				
for the purpose of:	providing information regarding myself and/or the contents of my application file				
in the period:	one year from the date a decision was communicated regarding my nomination.				

Initials: _____

I authorize _____ and/or _____ to act on my behalf in delivering and retrieving documents and information related to my application file during the application process and for one year from the date a decision was communicated to me regarding my nomination. I understand that, by giving this authorization, the University of Alberta will communicate with these person(s) by providing my personal information to them as though it were me delivering and retrieving documents and information on my own behalf.

Initials: _____

NOTE: Consent is optional and may be revoked at any time by so indicating in writing to the office seeking consent.

Signed documents must be filed with the Department/Faculty and be kept for a minimum of one year after a decision was communicated regarding the student's nomination.

WARNING: PLEASE READ CAREFULLY!

BY SIGNING YOU GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

By signing this document you indicate that you understand the risks associated with the above noted trip, that you are aware that by participating in the above noted trip you are being exposed to the risks identified below, and that you accept important legal obligations and waive certain legal rights, including the right to sue.

DISCLAIMER

The Governors of the University of Alberta, their officers, directors, employees, volunteers, members and representatives (hereafter referred to as "The University") are not responsible for any injury, loss or damage to personal property, detention, imprisonment, illness, death or dismemberment arising out of any cause/nature whatsoever, sustained by any person while participating to this Trip. The University accepts no responsibility and assumes no liability with respect to any academic, vocational, medical, or financial advice received by the participant in relation to **this Trip**.

ASSUMPTION OF RISKS AND RESPONSIBILITIES

I acknowledge that this trip involves inherent risks, dangers, hazards and liabilities to the participant. I fully understand and agree to assume the following risks and responsibilities that may result in personal injury, death, loss of or damage to personal property/belongings, legal expenses and other losses arise from, but are not limited to:

1. Travel to and from Canada, various locations to be visited as part of **this Trip** by aircraft, train, bus, public/private motor vehicle, and/or by other alternative transportation systems.
2. Street crime, armed robberies, carjacking, rape, credit card fraud, and diseases not common in Canada.
3. The medical facilities of **this Trip** may well be of a lower standard than expected in Canada and are limited.
4. The Location of **this Trip** may have hazards resulting from military and/or terrorist activity, previous or present, such as unexploded land mines and munitions.
5. There are many aspects of the travel that are outside of the direct control of the University.
6. It is always possible that **this Trip** might not be completed or individual activities may be curtailed or cancelled, due to weather, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems and/or accidents, tribal violence, failure to perform on part of the travel agents, airlines or tour companies, problems relating to customs, immigration or visa requirements or other reasons beyond the control of the University.
7. It is my sole responsibility to obtain a valid Passport or other satisfactory proof of residency and visa, if required as accepted for entrance into and exit from above noted location.
8. I should maintain a high level of personal security awareness, monitor local news reports closely, and avoid large crowds or gatherings.
9. I should particularly cautious when leaving banks and automated teller machines.
10. It is my responsibility to learn as much as possible about the risks involved in participating in this Trip, to weigh those risks against the advantages, and to decide whether or not to participate.

Initials: _____

MEDICAL/HEALTH & TRAVEL INSURANCE

1. **I AM SOLELY RESPONSIBLE** to select and purchase adequate medical/health insurance including out of province medical coverage. In the event of a medical/health problem, the University of Alberta accepts no responsibility for any costs associated with a medical/health problem nor will it pay for any medical/health expenses, which may be incurred by me.

Adequate medical coverage includes but not limited to the following:

- Hospital Services
- Physician's Fees
- Prescription Medication
- Medical Equipment & Supplies
- Emergency Transport and air evacuation
- Accidental & Emergency Dental care
- Accidental Death & Dismemberment
- Repatriation or Burial of Deceased
- Provides coverage from the day I leave Edmonton to at least two days after I return to Edmonton:
- Provides coverage if I am to travel to third party countries from my host country
- Provides coverage while in transit to third party countries when traveling from your host country
- Provides coverage in your host country

I freely accept and assume all responsibility to select and purchase for myself adequate medical/health insurance coverage.

Initials: _____

2. **I AM SOLELY RESPONSIBLE** to select and purchase adequate travel insurance. The travel insurance should provide coverage against theft, personal accident, personal liability, repatriation and cancellation of tickets. The University of Alberta accepts no responsibility for any costs associated with these types of problems nor will it pay for any expenses that may be incurred by me relating to these areas.

I FURTHER AGREE TO PROMPTLY REIMBURSE the University for all financial costs and expenses that may be incurred on my behalf by the University, including but not limited to surface and/or air ambulance fees, medical fees, hospital and/or surgery fees, in the event of any emergency medical treatment that I may receive while engaging in this travel.

Initials: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY

In consideration of The University allowing me to participate in **this Trip**, I agree as follows:

1. **TO RELEASE THE UNIVERSITY** from any and all liability from set backs or course incompleteness including any effect that may have on my dissertation, from any and all liability from any loss, damage, injury or expense that I may suffer as a result of my participation in **this Trip**, and in **the Location** of my choice;
2. **TO HOLD HARMLESS AND INDEMNIFY THE UNIVERSITY** and its respective directors, officers, agents, contractors, employees, volunteers, representatives from any and all claims, demands, actions and costs which might arise out of my participation in **this Trip** and all related activities:
 - for any damage to the property of, or personal injury to, any third party, resulting from my personal time and non-academic travels during **this Trip**;
 - in connection with the service of any train, vessel, carriage, aircraft, bus, boat, motor vehicle or other conveyance which may be used in my participation in **this Trip**. Neither will the University of Alberta assume any liability for any injury loss, accident or delay which may be occasioned by reason of any defect in any vehicle or through the act, error, neglect, negligence or default of any company or person engaged in conveying myself during participation in **this Trip**;
 - for any cancellation, injury, loss accident or delay occasioned by the proprietor, employee, or service of any hotel, hostel or other type of accommodation used by me during participation in **this Trip**;
 - for any injury, illness or death that I may sustain, which are related to or caused by any alcohol consumption

while traveling and participating in **this Trip**.

Initials: _____

FREE TIME

I will assume full responsibility for activities that I engage in during any and all times of **this Trip** when I am not involved in formal course work or scheduled activities in relation to my trip. Due to the nature of the location **of this Trip**, I will use the buddy system whenever possible and where not possible, I will advise those I am working with or living with as to my course work, plans or activities and the locations of these activities. I also recognize that I am a representative of the University of Alberta while on **this Trip** whether I am conducting course work or on free time and my conduct will reflect this representation at all times.

Initials: _____

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and representatives in the event of my death or incapacity. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the University of Alberta other than what is set forth in this agreement.

Initials: _____

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of administering Study Abroad Programs of University of Alberta. Direct any questions about this collection to the Risk Management and Scholarship Coordinator, University of Alberta International, 142 Telus Centre, 87 Avenue and 111 Street, Edmonton, Alberta, Canada T6G 2R3. 780 492 6549.

ACKNOWLEDGEMENT

I ACKNOWLEDGE that I have read and understood this agreement; that I appreciate and accept the risks associated with **this Trip**; that I am waiving legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against the University of Alberta; and that I have executed this agreement voluntarily.

SIGNATURE OF PARTICIPANT

WITNESS SIGNATURE

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF WITNESS

SIGNED THIS _____ day of _____, 20____ at Edmonton, Alberta.