

**Appendix 3**

**Niagara College**

**Assumption of Risks, Responsibility and Liability Waiver for International Travel for Study / Work Abroad, Field Trips, Exchange Programs, Internships, Clinical Placements and Practicum Placements**

**PLEASE READ CAREFULLY**

This information will be used by the College to provide emergency support for students / employees participating in international activities. This form must be completed by every student and employee before traveling on a College-related activity. Completed forms are to be submitted to the appropriate management level. The information will be kept on file and used / released in the event of an emergency, as deemed necessary by Niagara College.

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In consideration of being permitted to conduct study / work / travel at:

Name of institution / employer / program:	City:	Country
Contact name of host institution / employer / program:	Contact position:	Telephone:
E-mail address of overseas contact:		

***If you are traveling to more than one destination, please add additional destination(s) to a separate sheet and attach.***

**Assumption of Risks:** I understand that participation in a Niagara College study / work abroad program, field trip, exchange program, internship, clinical placement or practicum (the Program) will take me away from campus for an extended period of time. During this period, I acknowledge that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions.

I understand that I could suffer physical injury, sickness or death, or damage to my property as a result of my participation in the Program and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I acknowledge that the College will not be able to ensure my complete safety at all times from such risks and dangers.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable Niagara College and host institution policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

More particularly, I acknowledge the Niagara College 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 if the circumstances do not relate to or arise from my education, or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask the College or its employees to accept the consequences thereof. Further, I agree to be responsible for any claims made against the College in relation to such actions.

I acknowledge that I have been advised by Niagara College of such risks and dangers as well as the need to act in a responsible manner at all times. I have attended a pre-departure orientation session or have completed an on-line orientation. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration of being permitted by the College to participate in the above-referenced Program. I recognize that Niagara College will not supervise any of the host institutions / organization's academic programs, living arrangements, or extracurricular activities during my participation in the Program.

**Liability Waiver:** I release and hold harmless Niagara College, its employees, students, and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in the Program, including, but not limited to: accidents, acts of God, war, civil unrest, sickness, transportation scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program.

This waiver is effective for the period of time that I will be participating in the Program. I understand that this agreement cannot be modified or interpreted except in writing by Niagara College and that no oral modification or interpretation shall be valid. In the event of my death, this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns.

**I HAVE READ THIS DOCUMENT CAREFULLY AND ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECTS OF THIS LIABILITY WAIVER**

<b>Student / employee name:</b>	<b>Student / employee number:</b>
<b>Permanent address:</b>	
<b>Telephone: (      )</b>	<b>E-mail:</b>
<b>Signature of participant:</b>	<b>Witness to participant's signature:</b>
<b>Date:</b>	<b>Date:</b>
<b>Date of scheduled departure from Canada:</b>	
<b>Date of scheduled return to Canada:</b>	

