

Student Agreement for Travel and Fieldwork – Assumption of Risks*(fillable form, print off for signatures)*

Name of Participant: _____ Student ID#: _____

Address of Participant: _____ City: _____ Postal Code: _____

Name of Supervisor: _____

Name/Title of Fieldwork: _____
(hereinafter referred to as “this Fieldwork” throughout this document)Location of Fieldwork: _____
(List countries) (hereinafter referred to as “this Location” throughout this document)

Description of Activity (including dates)

ASSUMPTION OF RISKS

This Fieldwork is an exceptional educational/working opportunity, but it is not without risks dangers, hazards and liabilities to all participants. All persons taking part in **this Fieldwork** are required to accept these risks as their own, and as a condition of the University of Regina allowing their participation in this program.

As the participant, I acknowledge that I am aware that there are risks, dangers and hazards to which I may be exposed while participating in **this Fieldwork at this Location**, including but not limited to the following:

- Personal injury or death due to illegal activities, physical violence, terrorism, war;
- Theft, vandalism or loss of personal property;
- Motor vehicle or traffic accidents and a poor road and transportation system;
- Infectious diseases;
- Exposure to wildlife;
- Environmental and weather conditions that pose additional risk;
- Cultural differences;
- The laws of **this Location** may be significantly different;
- The medical services in **this Location** may be of a lower standard or not be readily available;
- A significantly higher crime rate and criminal activity;
- Hazards resulting from previous or current political unrest, military and/or terrorist activity; and,
- Cancellation of **this Fieldwork** or curtailment or cancellation of individual activities due to weather, flooding, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems, failure to perform on the part of the travel agents, travel guides or airline companies, problems relating to customs, immigration or visa requirements, or any other circumstances either within or beyond the control of the University of Regina.

For international travel or fieldwork, a copy of the most current Foreign Affairs and International Trade Canada Travel Report for the location must be attached and initialed by the Participant.

OTHER CONDITIONS

1. I understand that it is my responsibility to learn as much as possible about the risks of **this Fieldwork** and to weigh those risks against the advantages, and to decide whether to participate.
2. I am responsible for my own wellbeing during **this Fieldwork**. I confirm that I am physically and mentally capable of participating in **this Fieldwork**. I acknowledge that I am participating in **this Fieldwork** willingly and voluntarily and I assume all risks associated with my participation in **this Fieldwork** and full responsibility for personal injury, accidents or illness (including death) and any related expenses. I also assume responsibility for damage to or loss of my personal property.
3. I am responsible for obtaining all information concerning the conditions and requirements for legally entering and residing in **this Location** and participating in **this Fieldwork**, as well as securing all required documentation, including but not limited to study permits, entrance visas, health and travel insurance and passports, and I am responsible for the cost of obtaining these documents.
4. In executing this document, I am not relying upon any oral or written representations or statements of any nature or kind made by the University of Regina or any of its employees, faculty, representatives or agents. I am executing this document with my own free will, in consideration of the University of Regina allowing my participation in this Fieldwork.
5. I am aware that there may be further risks mentioned in the most current Foreign Affairs and International Trade Canada Travel Report with respect to **this Location**. As a condition of my participation of **this Fieldwork** I acknowledge that I have read and fully understand the Travel Report, and I have attached it to this document and initialed same.

Signed this _____ day of _____, 20 _____

SIGNATURE OF WITNESS

SIGNATURE OF PARTICIPANT

PRINT NAME OF WITNESS

PRINT NAME OF PARTICIPANT

Address of Witness

Address of Participant

(_____
 (Signature of Parent/Guardian (if participant is under the
 (age of 18)
 (
 (_____
 (Printed name of Parent/Guardian

This Agreement must be completed in full, signed, dated, and witnessed prior to the start of Fieldwork

PLEASE RETAIN THIS FORM AT THE FACULTY and/or DEPARTMENT LEVEL