Faculty of Social Sciences

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

I, __________________________ the undersigned student registered at the University of Ottawa, have voluntarily chosen to take part in an international internship. This activity is part of the course __________________________ offered at the Faculty of social sciences. I have read and understand the financial obligations linked to this activity and the conditions under which this activity takes place. I have read and agree with the conditions set by the University of Ottawa. I hereby undertake to disclose to the University of Ottawa any information, condition or situation (medical or other) that could adversely affect my health, my security and my academic experience. AND I THEREFORE STATE AS FOLLOWS:

I am aware that I have:

• To interact professionally and responsibly with other participants at the events;

• To participate in all meetings, conferences or activities linked to this course;

• To avoid all forms of intimidation, including sexual and physical harassment;

• To refrain from causing damage to the property of others. Participant will be held financially and legally responsible for any and all damages they inflict upon the property of others;

• To refrain from causing physical injury to yourself and others. Participant will be held financially and legally responsible for any and all damages upon other persons;

• To preserve the quality of facilities that they may visit or reside at during their travel;

• To respect cultural differences. These include but are not limited to observing the proper etiquette in business/social settings;

• To observe laws of the host country whether they result in arrest or not

• To abstain from participating in any political activity in the host country or in any foreign country during the period of the University of Ottawa activity.

• To present myself as a student of the Faculty of Social Sciences/University of Ottawa but not as it’s representative.
I SHALL, at my own expense, arrange and take responsibility for the following (if those costs are not taken care of by the partner organization):

- 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; any changes to travel arrangements and costs incurred will remain the responsibility of the student;
- 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 me;
- for any loss, damage, injury that I may suffer, arising from staying in a foreign country beyond the termination of my internship period or authorized extension of the internship period or scheduled departure date. I also understand that it is my responsibility to obtain adequate insurance coverage if I remain in the foreign country beyond the internship period, authorized extension period or scheduled departure date.
- all legal or financial obligations arising from the above or my participation in the activity. This can include the reimbursement of scholarships/bursaries as described in their conditions.
- The University of Ottawa is not responsible for any cost relating to the loss of contract with the partner organization.
- 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

I AM AWARE of the possibility of personal health and safety risks due to my participation in the course 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 such risks, dangers and hazards.

I AM ALSO AWARE that there may be immunization requirements before entering the country; that I will inform myself of the appropriate immunizations and obtain such immunizations at my expense.

I have received a card that I shall carry with me that contains the contact numbers in case of an emergency including the Protection Services of the University of Ottawa. I will inform as soon as possible Protection Services of any emergency situation that might arise during this activity.

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

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 this activity.
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 this activity.

TO INDEMNIFY the Releasees from any and all liability for any damage to property of, or personal injury to, or death of, any third party, arising from my participation in this activity.

THAT I have fully informed the person designated below as my Next of Kin concerning my participation in the program; that he/she has agreed to act as my Next of Kin; and that I AUTHORIZE the University of Ottawa to contact the person designated below for or with information about me unless I revoke or change the appointment by notifying the University of Ottawa in writing.

Name: __________________________
Address: __________________________

Telephone Number: (home) __________
(work) __________________________
Fax Number: __________
E-mail address: __________

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 AND I UNDERSTAND ITS CONTENT; 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.

Signature of Participant __________________________ DATE: __________

Print Name of Witness __________________________ Signature of Witness __________________________ DATE: __________