INFORMED CONSENT

In order to ensure students, employees, and volunteers (to be known as Participants) are aware of the risks and hazards present in the field trip, information is provided on environmental, and health and safety concerns related to organized activities in a foreign country.

The field trip and associated activities to _______________________________ (to be known as the Location) occurring in ________________ (country) from ___________ to ____________ (date(s)) IS REQUIRED on the participant’s behalf to meet the requirements for course __________________________________

By signing this document the Participant agrees that the Participant will:

- Follow University procedures, report any incidents witnessed, and respect environmental and health and safety requirements in the areas visited.
- Participate in environmental and hazard awareness training, to meet personal protection requirements, and to respect emergency situation information.
- Not undertake any procedure, process, or activity that was not discussed or reviewed with the Activity Supervisor without first obtaining training, instruction, and/or supervision by the designated competent supervisor.
- Understands and fully accept that if the participant fails to observe any conditions or rules established during the course of the activity, that the Participant will be asked to leave.
- Understand and fully accept 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 any injuries, losses or property damage that may result.

INFORMED CONSENT AND ASSUMPTION OF RISKS

The Participant will be supervised during the activities by a University employee. Risks, dangers and hazards are inherent in these activities and may include but are not limited to the following:

Travel to a Foreign Country: any manner of bodily injury, infectious disease, loss or property damage which may arise as a result of travel risks, different legislation, weather or criminal activity.

Other Facilities: any manner of bodily injury, loss or property damage which may arise resulting from the use, misuse, non use of any workplace equipment (mechanical, electrical or physical) located in any area of the University, for example, the University's sports facilities, or power plant.

The Participant acknowledges and further accepts the responsibility of discussing their participation in the activity with their physician and obtains adequate medical, health, dental, travel and all other forms of insurance that may apply.

The participant or his/her parent/guardian agrees to inform the University if a pre-existing medical condition can increase the risks normally associated with certain activities or agents present at the University.

Signature : ___________________________________________  DATE : _________________________________

Name of Student (print)      Telephone

Signature of the professor       Date