



Lakehead
UNIVERSITY

Faculty of
Education

FIELD TRIP PLANNING

This version of the Faculty of Education Field Trip Planning Document,
including risk management considerations, was approved
by Faculty Council on 8 May 2019

Disclaimer: For any users of this plan outside of the Faculty of Education, this document should be considered as a reference tool only.

Acknowledgements

The Faculty of Education would like to thank Alex Thomson, Gary Plum, and Tom Puk, the members of the committee assembled to revise the Faculty's Field Trip Planning document. In addition, the Faculty is indebted to the Department of Outdoor Recreation, Parks and Tourism for permission to use their documentation as a foundation for this work, and Millo Shaw, the Director of Risk Management for his wise counsel.

What follows is a living document that will be continually updated, modified and improved and reflected upon under the purview of Chair of the Department of Undergraduate Studies and approved by Faculty Council.

Purpose of the Field Trip Plan

The Field Trip Planning document is designed to be a systematic analysis of Education field activities and Faculty policies. The plan is designed to help provide thoughtful and successful learning activities for students and to manage potential problems that may be present during our field activities. Current research has documented the many benefits of teaching and learning beyond the indoor classroom, particularly in the natural world as well as the many risks involved in indoor education. The documentation outlined herein is intended to provide guidelines for all field activity instructors within Education. This plan should be used in conjunction with instructor experience and training, sound judgment, and group skills to provide a successful experience for all students.

The Faculty of Education Field Trip Planning document is designed to work in conjunction with and complement Lakehead University policies, procedures and protocols, particularly the [Risk Management Procedures](#) as well as the [Code of Student Behaviour and Disciplinary Procedures](#) and the [Employee Code of Conduct](#). Students and Education personnel are directed to these public documents for more information.

For backcountry field trips (i.e. Overnight/Multi-day Field Activity farther than 2 hours from the nearest hospital), lead instructors are to adhere to Outdoor Recreation Parks and Tourism's (ORPT) current [Standard Operating Procedures](#). ORPT's Standard Operating Procedures are considered best practices for outdoor field activities of greater risk such as those offered by ORPT. Standard Operating Procedures are created and established by the ORPT community and are endorsed and reviewed by their Risk Management Committee to reflect best practices and industry standards and to respond to incident reports, and student and instructor feedback.

Instructors must be familiar with the Faculty of Education Field Trip Planning document and communicate relevant policies, procedures, benefits and possible risks to students partaking in field trips.

This document and associated forms will be reviewed by the Faculty of Education Field Trip Planning Committee no later than September 2021, or as needed.

Requirements for Field Trips

Instructors need to establish (in consultation with the Chair if necessary) whether field trips will be day trips, overnight trips within 2 hours of the nearest hospital, or overnight field trips beyond 2 hours of the nearest hospital so as to choose the appropriate form. Furthermore, field trips should be clearly designated as mandatory or optional, which will determine whether an informed consent or waiver form, respectively, should be used. Waivers are to be used for optional field trips, or for extremely high risk activities such as backcountry camping and international placements. Informed consent forms are to be used when the field trip is required for the course credit.

	Examples	First Aid Kit required [2]	Course Outline Rider	Student Agreement Consent/Waiver	Trip Planning Form	Incident Form[3]
On Campus						
All Activities [1]			✓			✓
Adventure Activity	Rappelling on a building, canoeing on Lake Tamblyn		✓	✓	✓ Day trip	✓
Off Campus						
1. School visitations and local trips [1]	Thunder Bay: Visits to local schools, Art Gallery. Orillia: Travel between Heritage Place and University Avenue, downtown Orillia, local schools		✓			✓
2. Day Field Trip	Thunder Bay: Fort William Historical Park; Sleeping Giant Provincial Park Orillia: Scout Valley, Rama First Nation, Geneva Park	✓	✓	✓ Consent or Waiver [4]	✓ Day trip	✓
3. Overnight/ Multi-day Field Trip within 2 hours from hospital.	Thunder Bay: Kingfisher Outdoor Education Centre, Orillia: Camp Couchiching, Geneva Park	✓	✓	✓	✓ Overnight	✓
4. Backcountry Overnight/Multi-day [5]	Thunder Bay: Canoe trip in Quetico; Orillia: French River Canoe Trip, Cycling through Huronia	✓	✓	✓	✓ (ORPT Form) [6]	✓

- [1] For all activities not requiring a Trip Planning Form, instructors should send an email to their chair (copying both the administrative assistant and the security personnel for their campus) at least 24 hours in advance, providing the course number, the location of the field trip, and a cell phone number that the instructor can be reached at.
- [2] Education first aid kits are available in the Undergraduate/Education Office.
- [3] These documents should travel with the course instructor in case of an accident.
- [4] Chair may agree to give exceptions to the need to use Consent Forms when risks are minimal.
- [5] Field Trip farther than 2 hours from hospital.
- [6] Lead Instructors are to adhere to Outdoor Recreation Parks and Tourism's current Standard Operating Procedures if travelling in a backcountry location.

1.1 Day Field Trip Form

Current Date: _____ Course Name and Code: _____

Name(s) of Field Trip Site(s): _____

Field Trip Address(es): _____

Purpose of the Field Trip(s) and Main Activities:

Dates and Times:

Departure: _____

Return: _____

Departures & Return Dates & Times for subsequent trips:

Participants:

Number of students enrolled in the course: _____

Name of Lead Instructor & cell phone number: _____

Other instructors and leaders on the trip: _____

Student Fee: _____

Other costs to Faculty of Education: _____

Risk Assessment:

Instructors should take into consideration possible risks involved in conducting the field trip (See Section C of the Information Booklet for Planning an Overnight/Multi-day Field Trip).

Where applicable, include as confidential attachments:

- Informed Consent (for mandatory field trip) or Waiver (for optional field trip) Form
- Student Information Sheet, including:
 - emergency contacts
 - health issues
 - health card numbers (by voluntary submission)

Emergency Communications:

Phone number at Field Trip location (if applicable): _____

List below the names and cell phone numbers of all instructors / leaders on trip (if applicable). Lead Instructors without a cell phone may request one for the duration of the trip from Lucas Johnson (Thunder Bay campus) or Rosa Fabiano (Orillia). One week's notice is required.

In the event of an emergency, please contact the following Chair or designate in order or priority:

1. _____ Phone: _____
2. _____ Phone: _____

The authority to initiate and manage serious emergency and non-emergency protocols rests with the Chair or designate. The designated individual will manage all emergencies from Lakehead University and refer to Lakehead University's [Emergency/Crisis Response at Lakehead University Campuses](#) strategy to initiate the emergency response.

Signatures:

Signature of Lead Instructor: _____

Signature of Chair: _____

Important Notes

- **This form is to be used for non-backcountry field trips that last a day or less.**
- **Day field trips, including school visitations, do not require completed consent/waiver forms unless particular field trips include activities with significant physical risk. Field trips with minimal risks only require the inclusion of the following language provided on the course outline:**

Field trips are a required component of this course. Although you are unlikely to suffer injury, loss, damage, or harm while participating in a field trip so long as you conduct yourself prudently, nevertheless certain risks of injury, loss, damage or harm cannot be totally removed from any activity, including but not limited to injuries and/or motor vehicle damage in consequence of accidents that take place in travel to, from, and at field trip site, and illness contracted from students and/or staff at the site. By registering in this course, you agree to assume all such risks.

This form can be filled out once for multiple field trips throughout the term/year if the risks are of similar kind and degree.

1.2. Overnight/Multi-day Field Trip Form

Current Date: _____ Course Name and Code: _____

Name of Field Trip Site: _____

Field Trip Address or Location: _____

Purpose of the Field Trip(s) and Main Activities:

Dates and Times:

Departure: _____

Return: _____

Departures & Return Dates & Times for subsequent trips:

Participants:

Number of students enrolled in the course: _____

Name of Lead Instructor and cell phone number: _____

Other instructors and leaders on the trip: _____

Student Fee: _____

Other costs to Faculty of Education: _____

Risk Assessment:

Instructors should take into consideration possible risks involved in conducting the field trip (See Section C of the Information Booklet for Planning an Overnight/Multi-day Field Trip).

Please include as confidential attachments:

- Informed Consent Form
- Student Information Sheet, including:
 - emergency contacts
 - health issues
 - health card numbers (by voluntary submission)

Emergency Communications:

Phone number at Field Trip location (if applicable): _____

List below the names and cell phone numbers of all instructors / leaders on trip (if applicable). Lead Instructors without a cell phone may request one for the duration of the trip from Lucas Johnson (Thunder Bay campus) or Rosa Fabiano (Orillia). One week's notice is required.

In the event of an emergency please contact the following Faculty of Education designate in order or priority:

1. _____ Phone: _____
2. _____ Phone: _____

The authority to initiate and manage serious emergency and non-emergency protocols rests with the Chair or designate. The designated individual will manage all emergencies from Lakehead University and refer to Lakehead University's [Emergency/Crisis Response at Lakehead University Campuses](#) strategy to initiate the emergency response.

Signatures:

Signature of Lead Instructor: _____

Signature of Chair: _____

Important Notes

- **This form is to be used for non-backcountry overnight/multi-day field trips. These include field trips where the site is within 2 hours from the nearest hospital.**
- **Backcountry (farther than 2 hours from the nearest hospital) overnight/multi-day field trips are to adhere to Outdoor Recreation Parks and Tourism's current Risk Management Plan for Backcountry field activities.**
- **For overnight/multi-day field trips informed consents/waivers are required. In addition the field trip risk notice must be included in the course outline:**

Field trips are a required [or optional] component of this course. Although you are unlikely to suffer injury, loss, damage, or harm while participating in a field trip so long as you conduct yourself prudently, nevertheless certain risks of injury, loss, damage or harm cannot be totally removed from any activity, including but not limited to injuries and/or motor vehicle damage in consequence of accidents that take place in travel to, from, and at field trip site, and illness contracted from students and/or staff at the site. By registering in this course, you agree to assume all such risks.

This form can be filled out once for multiple field trips to the same location throughout the term/year provided that their risks are of similar kind and degree.

1.3. Information Booklet for Planning a Day Field Trip

This booklet is an appendix to the Day Trip form (Form 1.1). It serves to provide guidance and information for consideration when planning a day field trip. The booklet is intended to complement the degree of experience that the instructor has with coordinating and leading day field trips. Associated forms are required to be submitted to the Chair for approval prior to a field trip. New field trips or substantial revisions to existing activities require pre-approval by the Chair.

A. Course Outline

If field trips, whether mandatory or optional, are a part of your course, a rider such as the following must be included in your Course Outline:

Field trips are a required [or optional] component of this course. Although you are unlikely to suffer injury, loss, damage, or harm while participating in a field trip so long as you conduct yourself prudently, nevertheless certain risks of injury, loss, damage or harm cannot be totally removed from any activity, including but not limited to injuries and/or motor vehicle damage in consequence of accidents that take place in travel to, from, and at field trip site(s), and illness contracted from students and/or staff at the site(s). By registering in this course, you agree to assume all such risks.

It is essential that students be made aware of and understand the associated risks with participating in the field trip.

B. Preparation

The instructor must attend to the following applicable items prior to the field trip:

- Do a site inspection of the field trip location (if you are not already familiar with the site).
- Identify special equipment requirements.
- Are there any risky activities being undertaken beyond the transportation to the site, walking in safe areas or getting in and out of vehicles? Identify them, assess their gravity, and prepare appropriate mitigation.
- Plan response if someone becomes lost at any point during the field trip or misses transportation back to campus.
- Plan response to a Major Incident (Life-threatening Injury).
- Plan response to a Minor Incident (Non-Life Threatening Injury).
- Confidentially identify students with accommodation(s) and their need(s).
- In case of emergency, ensure there are arrangements for evacuation of participants with disabilities.
- Collect emergency contact details for each participant.
- Collect health card numbers for each participant (disclosure is voluntary; under the law it cannot be compelled).
- Review the emergency procedures already created by the field trip site
- Determine the nearest hospital or emergency services.
- Ensure a First Aid kit will be readily accessible.
- Ensure that someone with First Aid and CPR certification will be present or quickly accessible. Please discuss this with the Chair if this requirement is problematic.

C. Risk Assessment

Prior to any day field trip, the Lead Instructor should assess possible risks associated with the field trip and ensure students are made fully aware of the possible risks involved in the activities. Lead Instructors planning day field trips farther than 30 minutes from the nearest hospital should refer to Section C: Risk Assessment in the Information Booklet for Planning an Overnight/Multi-day Field Trip.

D. Emergency Communications

***** The Lead Instructor should ensure that at minimum a phone and a vehicle are on site and available at all times for use in the event of an emergency. *****

In the event of an emergency, the initial response is to call 911, to activate EMS. Following this, the Chair or designate is the initial Faculty contact. Prior to the field trip, the Chair will determine the primary and secondary contact persons, and provide the names and contact information to the Lead Instructor. The Chair will notify Security of the field trip dates and in a case of an emergency.

Below is a list of numbers in the case of an emergency:

EMS: 911

Faculty of Education: Thunder Bay: (807) 343-8520
Orillia: (705) 330-4008, ext 2005

Lakehead Security: Thunder Bay Emergencies: (807) 343-8911
Orillia Emergencies: (705) 330-4008 ext. 2009 (OA)
(705) 345-9769 (HP)

Orillia Soldiers' Memorial Hospital: (705) 325-2201

Thunder Bay Regional Health Sciences Centre: (807) 684-6000

Superior North EMS Headquarters: (807) 625-3259

E. Transportation

Please follow the Lakehead University Guidelines on [Basic Insurance and Other Risk Management Guidelines for Travel to and from, and Attendance at, Off-Campus Events](#). The options provided below are in preferred order:

1. If you require a bus rental:
 - a. Book your bus through Teresa Ruberto (Thunder Bay) or Rosa Fabiano (Orillia)
 - b. If needed, remember to request undercarriage for luggage storage on bus.
2. If you require a vehicle rental:
 - a. If you require a vehicle rental, please refer to the above Guidelines.
3. If a faculty member transports students in their private vehicle for any university event, they should be made aware of the following:
 - a. They are responsible for their own insurance.

- b. If they are involved in an accident and are even partially at fault, may be personally liable for at least some of the resultant vehicle and property damage and injury to others (see [Lakehead Guidelines](#)).
4. If students take their private vehicles for any university event, they should be made aware of the following:
 - a. They are responsible for their own insurance.
 - b. If they are involved in an accident and are even partially at fault, may be personally liable for at least some of the resultant vehicle and property damage and injury to others (see [Lakehead Guidelines](#)).

F. Forms

For day field trips that include activities with significant physical risk and/or that are farther than 30 minutes from the nearest hospital, you must prepare the following forms for each student that will be attending the field trip:

- Informed Consent Forms are used for mandatory field trips and should be used in the large majority of cases
- Waiver Forms are used much more rarely and are only for optional field trips or extremely hazardous activities or international placements
- Emergency Health Information - If there are sensitive questions, this form is to be vetted for appropriateness by the Chair
- Submit completed forms to the Education Office for scanning and filing. Ensure that the forms, both in hard copy and electronic format, are kept confidential and secure from unauthorized access.
- Keep a hard or electronic copy with you. Files are to be confidentially stored in the Education Office for a minimum of five (5) years unless litigation arises, in which case the files of affected individuals should be retained indefinitely.

You may also consider making the following forms (one of each):

- Completed, and confidential, list of students' health card numbers, medical concerns, and emergency contact information for the Lead Instructor to have on hand during the trip
- A blank sign-in / sign-out form for students to fill in upon arrival / departure

G. Preparing Students for the Trip

Students can be provided with a list of required and/or recommended items to bring on a field trip. Students might also be informed orally ahead of time of items to pack, university policies, field trip site expectations, recommendations and other considerations. Specifically, students might be reminded of Lakehead University's [Code of Student Behaviour and Disciplinary Procedures](#), and that consuming drugs or alcohol on field trips is strictly prohibited.

H. Lead Instructor Checklist

Lead Instructors may use this list prior to the trip.

Prior to the Trip

1. Conduct a site visit if the site is unfamiliar to the Lead Instructor.
2. Fill out a Day Field Trip Form (Form 1.1).
3. Conduct a risk assessment as necessary. See Section C.
4. Coordinate field trip transportation.
5. Create and have students fill out, where necessary, Informed Consent or Waiver Form and Education Call List.
6. Collect student health card numbers (disclosure is voluntary under the law), medical concerns, allergies, and emergency contact information before the trip.
7. Make photocopies of or scan these forms for the office to keep. Ensure that the forms, both in hard copy and electronic format, are kept confidential and secure from unauthorized access.
8. Provide a list of required and/or recommended packing items for students to bring on the field trip. Remind students to bring their health cards on the trip.
9. Go over the trip expectations, pack list, policies, risks, and recommendations with students and provide an opportunity for questions.

Upon your departure

10. Have students fill in a sign-in / out sheet if desired.

Upon your return

11. Complete an Accident Report if any major or minor injury or incident occurs during the field trip.

Note: While this booklet addresses many issues that are important for field trip planning and emergency response, sound judgment of the trip leader will always be paramount when planning and in a crisis situation.

1.4. Information Booklet for Planning an Overnight/Multi-day Field Trip

This booklet is an appendix to the Overnight Field form (Form 1.2). It serves to provide guidance and information for consideration when planning an overnight/multi-day field trip. The booklet is intended to complement the degree of experience that the instructor has with coordinating and leading overnight field trips. Associated forms are required to be submitted to the Chair prior to a field trip. New field trips or substantial revisions to existing activities require pre-approval by the Chair.

I. Course Outline

If field trips are a part, whether mandatory or optional, of your course, a rider such as the following must be included in your Course Outline:

Field trips are a required [or optional] component of this course. Although you are unlikely to suffer injury, loss, damage, or harm while participating in a field trip so long as you conduct yourself prudently, nevertheless certain risks of injury, loss, damage or harm cannot be totally removed from any activity, including but not limited to injuries and/or motor vehicle damage in consequence of accidents that take place in travel to, from, and at field trip site(s), and illness contracted from students and/or staff at the site(s). By registering in this course, you agree to assume all such risks.

It is essential that students be made aware of and understand the associated risks with participating in the field trip.

J. Preparation

The instructor must attend to the following items prior to the field trip:

- Do a site inspection of the field trip location (if you are not already familiar with the site).
- Identify special equipment requirements.
- Are there any risky activities being undertaken beyond the transportation to the site, walking in safe areas or getting in and out of vehicles? Identify them, assess their gravity, and prepare appropriate mitigation.
- Plan response if someone becomes lost at any point during the field trip or misses transportation back to campus.
- Plan response to a Major Incident (Life-threatening Injury).
- Plan response to a Minor Incident (Non-Life Threatening Injury).
- Confidentially identify students with accommodation(s) and their need(s).
- In case of emergency, ensure there are arrangements for evacuation of participants with disabilities.
- Collect emergency contact details for each participant.
- Collect health card numbers for each participant (under the law disclosure is voluntary).
- Review the emergency procedures already created by the field trip site
- Determine the nearest hospital or emergency services.
- Ensure a First Aid kit will be readily accessible.
- Ensure that someone with First Aid and CPR certification will be present or quickly accessible. Please discuss this with the Chair if this requirement is problematic.

K. Risk Assessment

Prior to the Field Trip the Lead Instructor must assess the risks associated with the overnight/multi-day field trip. One way to approach this is creating a risk matrix with the following components:

- Identification of each significant risk associated with the Field Trip;
- Likelihood of the risk materializing on the following numerical scale: 1 = unlikely; 2 = possible, less likely; 3 = possible, more likely; 4 = very likely;
- Gravity of the risk materializing on the following numerical scale: 1 = insignificant impact; 2 = modest impact; 3 = significant impact; 4 = grave impact.
- Calculation of the risk's Severity = Likelihood x Gravity;
- Response to each risk: Risks with Severity ≤ 2 can be accepted with little or no mitigation; risks assessed between 3 and 12 can be mitigated to the point where the risks are acceptable – or they might be avoided; and risks that are 16 in severity might be avoided. The Lead Instructor can briefly identify the proposed appropriate response to each risk.

The risk analysis for the Field Trip can be plotted in the following table (add or delete rows as needed):

Risk Identification	Likelihood (1 – 4)	Gravity (1 – 4)	Severity (Likelihood x Gravity)	Response – resulting in adequate mitigation of risk

Note that the severity of the risk should reflect factual information based on empirical data on the consequences of risky activities, not on the opinion of the instructor. For example, the leading major risks for children are car accidents, drowning, fire, falling, and poison (Brent & Weitzman, 2004). Thus, activities that may incorporate such risks should be prioritized over other risks with lesser consequences but greater stigma.

If a factor that could aggravate a risk, e.g. harsh environmental conditions or bad weather, is a real possibility it should be identified and analyzed as a separate risk.

L. Emergency Communications

*****The Lead Instructor should ensure that at minimum a phone and a vehicle are on site and available at all times for use in the event of an emergency. *****

In the event of an emergency, the initial response is to call 911, to activate EMS. Following this, the Chair or designate is the initial Faculty contact. Prior to the field trip, the Chair will determine the primary and secondary contact persons, and provide the names and contact information to the Lead Instructor. The Chair will notify Security of the field trip dates and in a case of an emergency.

Below is a list of numbers in the case of an emergency:

- EMS:** 911
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Orillia: (705) 330-4008, ext 2005
- Lakehead Security:** Thunder Bay Emergencies: (807) 343-8911
Orillia Emergencies: (705) 330-4008 ext. 2009 (OA)
(705) 345-9769 (HP)
- Orillia Soldiers' Memorial Hospital:** (705) 325-2201
- Thunder Bay Regional Health Sciences Centre:** (807) 684-6000
- Superior North EMS Headquarters:** (807) 625-3259

M. Transportation

Please follow the Lakehead University Guidelines on [Basic Insurance and Other Risk Management Guidelines for Travel to and from, and Attendance at, Off-Campus Events](#). The options provided below are in preferred order:

1. If you require a bus rental:
 - a. Book your bus through Teresa Ruberto (Thunder Bay) or Rosa Fabiano (Orillia)
 - b. If needed, remember to request undercarriage for luggage storage on bus.
2. If you require a vehicle rental:
 - a. If you require a vehicle rental, please refer to the above Guidelines.
3. If a faculty member transports students in their private vehicle for any university event, they should be made aware of the following:
 - a. They are responsible for their own insurance.
 - b. If they are involved in an accident and are even partially at fault, may be personally liable for at least some of the resultant vehicle and property damage and injury to others (see [Lakehead Guidelines](#)).
4. If students take their private vehicle for any university event, they should be made aware of the following:
 - a. They are responsible for their own insurance.
 - b. If they are involved in an accident and are even partially at fault, may be personally liable for at least some of the resultant vehicle and property damage and injury to others (see [Lakehead Guidelines](#)).

N. Forms

Prepare the following forms for each student that will be attending the field trip:

- Informed Consent Forms are used for mandatory field trips and should be used in the large majority of cases
- Waiver Forms are used much more rarely and are only for optional field trips or extremely hazardous activities or international placements
- Emergency Health Information - If there are sensitive questions, this form is to be vetted for appropriateness by the Chair
- Submit completed forms to the Education Office for scanning and filing. Ensure that the forms, both in hard copy and electronic format, are kept confidential and secure from unauthorized access.
- Keep a hard or electronic copy with you. Files are to be confidentially stored in the Education Office for a minimum of five (5) years unless litigation arises, in which case the files of affected individuals should be retained indefinitely.

You may also consider making the following forms (one of each):

- Completed list of students' health card numbers, medical concerns, and emergency contact information for the Lead Instructor to have on hand during the trip
- A blank sign-in / sign-out form for students to fill in upon arrival / departure

O. Preparing Students for the Trip

Students can be provided with a list of required and/or recommended items to bring on a field trip. Students might also be informed orally ahead of time of items to pack, university policies, field trip site expectations, recommendations and other considerations. Specifically, students might be reminded of Lakehead University's [Code of Student Behaviour and Disciplinary Procedures](#), and that consuming drugs or alcohol on the field trip is strictly prohibited.

P. Lead Instructor Checklist

Lead Instructors may use this list prior to the trip.

Prior to the Trip

1. Conduct a site visit if the site is unfamiliar to the lead instructor.
2. Fill out an Overnight Field Trip Form (Form 1.2).
3. Conduct a risk assessment as necessary.
4. Coordinate field trip transportation.
5. Create and have students fill out Informed Consent or Waiver Form, and Education Call List.
6. Collect student health card numbers (disclosure is voluntary under the law), medical concerns, allergies, and emergency contact information before the trip.
7. Make photocopies of or scan these forms for the office to keep. Ensure that the forms, both in hard copy and electronic format, are kept confidential and secure from unauthorized access.

8. Provide a list of required and/or recommended packing items for students to bring on the field trip. Remind students to bring their health cards on the trip.
9. Go over the trip expectations, pack list, policies, risks, and recommendations with students and provide an opportunity for questions.

Upon your departure

10. Have students fill in a sign-in / out sheet if desired.

Upon your return

11. Complete an Accident Report if any major or minor injury or incident occur during the field trip.

Note: While this booklet addresses many issues that are important for field trip planning and emergency response, sound judgment of the trip leader will always be paramount when planning and in a crisis situation.

References

Brent, R. L., & Weitzman, M. (2004). The current state of knowledge about the effects, risks, and science of children's environmental exposures. *Pediatrics*, 113 (Supplement 3), 1158-1166.

1.5 Informed Consent Form for Mandatory Field Trips (CONFIDENTIAL)

INFORMED CONSENT AGREEMENT *Including Assumption of Risks and Authorization to Obtain Medical/ Emergency Services (hereinafter collectively called the "Agreement"), for Participation in Field Trips (hereinafter called "Field Trip") associated with*

Course Number/Section/Title: _____

Note: By signing this Agreement, you, the Participant, agree to terms that AFFECT YOUR LEGAL RIGHTS and IMPOSE LEGAL OBLIGATIONS UPON YOU. Please Read Carefully!

_____ (Initial here that YOU HAVE READ THIS NOTICE)

TO: THE BOARD OF GOVERNORS OF LAKEHEAD UNIVERSITY (hereinafter called the "University")

I. OVERVIEW OF THE FIELD TRIP(S):

II. PARTICIPANT'S PERSONAL INFORMATION:

Name of Participant: _____ Birth Date (mm/dd/yyyy): _____

Student #: _____ Address and Postal Code: _____

Cell Phone Number: _____ LU Email: _____

Other phone number: _____ OHIP/Health Plan #: _____

Emergency Contact Name: _____ Relationship: _____

Cell Phone Number: _____ Other Telephone Number: _____

I have fully informed the person designated above as my Emergency Contact concerning my participation in the **Placement**; that he/she has agreed to act as my Emergency Contact; and that I AUTHORIZE the **University** to contact this person for or with information about me unless I revoke or change this appointment by notifying the **University** in writing.

_____ (Initial here that you have read this paragraph)

Declaration of Health Status

I take full personal responsibility for my known pre-existing medical conditions. For conditions that I choose to reveal, I will make personal arrangements with another **Field Trip** participant so that symptoms of distress can be recognized. For conditions that I choose not to reveal, I take full personal responsibility. I have been made aware of the risks involved in this **Field Trip** and have evaluated the need for a physical check-up and /or prophylactic measures. I hereby declare that I am medically fit to engage in this **Field Trip**.

_____ (Initial here that you have read this Health Declaration)

In the interests of protecting your wellbeing, and in the light of the Declaration above, voluntarily identify here any health, medical, allergy and/or medication issues about which the Instructor(s) should be aware:

III. AGREEMENT:

In consideration for being allowed to participate in **Field Trips** I hereby declare that I understand and agree as follows:

Assumption of Risks

- (1) That participating in **Field Trips** carries some risks, which can be mitigated by prudence, but which might nevertheless materialize in potentially harmful ways, including but not limited to:
 - (a) Damage or vandalism to, or theft or loss of personal property;
[List all significant personal risks, e.g. musculo-skeletal injuries, injuries to internal organs, concussions, abrasions, bruises, blisters or cuts resulting from slips or falls or collisions or from breakdown or other mishaps resulting from the use of equipment or from travel to and from **Field Trip** venues; exposure to biting and stinging insects, ticks, toxic plants, and potentially dangerous animals, such as bears, wolves, and large ungulates – consult Director of Risk Management if necessary];

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, illness, death, property damage or loss, resulting therefrom.

_____ (Initial here that you have read paragraph 1)

Other

- (2) That, if I need to be considered for accommodation for disabilities on any **Field Trip**, I must first comply fully with the **University's Accommodations for Students with Disabilities Policy** and its related *Procedures*;
_____ (Initial here that you have read paragraph 2)

- (3) That, in the event of any illness or injury or other form of incapacity that I may suffer during any **Field Trip**, or of my unexplained or otherwise suspicious disappearance from any **Field Trip**, I hereby authorize the **University** and/or **Field Trip** instructor(s) to
 - (a) secure such advice and services, including medical and/or emergency advice and services, as they in their sole discretion may deem necessary for my health and safety and I shall be financially responsible for such advice and services; and
 - (b) collect, use, and disclose all my personal information, including my personal health information, that they in their sole discretion may deem necessary under the circumstances for my health and safety;_____ (Initial here that you have read paragraph 3)

- (4) That the **Field Trip** instructor(s) and/or the **University** may make visual and/or audio recordings of me and may use these recordings solely for educational or promotional purposes in relation to the **Field Trip**, the **University**, and/or any unit of the **University** in perpetuity without compensation.
_____ (Initial here that you have read paragraph 4)

- (5) That, once signed, this **Agreement** may be copied and preserved by the **University** in electronic and/or paper format, and that each such electronic/paper **University** copy shall be deemed to be an original.
_____ (Initial here that you have read paragraph 5)

- (6) That this **Agreement** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;
_____ (Initial here that you have read paragraph 6)

- (7) That this **Agreement** and any rights, duties and obligations as between the parties to this **Agreement** shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction, and any litigation related in any way to this **Agreement** and/or **Field Trip** shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.
_____ (Initial here that you have read paragraph 7)

I HAVE READ AND UNDERSTOOD AND INTEND TO BE BOUND BY THIS AGREEMENT IN ITS ENTIRETY. I EXECUTE THIS AGREEMENT VOLUNTARILY.

Signed this _____ day of _____ 2 _____

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

This Agreement must be completed in full, initialed where required, signed, and dated before the Participant may have any involvement in Field Trips.

Personal information on this form is collected under the authority of sections 3 and 14 of the Lakehead University Act and will be used for the administration and operation of **Field Trips** and for the defense of the **University** against any claims or litigation in any way related to **Field Trips**. It will be kept otherwise confidential. Any questions on this collection should be directed to: Chair, Undergraduate Studies, Faculty of Education, Lakehead University, 955 Oliver Rd, Thunder Bay, P7B 5E1; telephone: (807) 343-8520; or Chair, Orillia Education Programs, Faculty of Education, Lakehead University, 1 Colborne St W, Orillia, ON L3V 7X5; telephone: (705) 330-4008.

1.6 Waiver Form for Optional Field Trips (CONFIDENTIAL)

AGREEMENT Including Assumption of Risks, Waiver of Claims, Release of Liability, and Authorization to Obtain Medical/Emergency Services (hereinafter collectively called the "Agreement"), for Participation in a Field Trip (hereinafter called "Field Trip")

Note: By signing this Agreement, you will WAIVE CERTAIN LEGAL RIGHTS, including the RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT, and you will ACCEPT LEGAL OBLIGATIONS. Please Read Carefully!

_____ (Initial here that YOU HAVE READ THIS NOTICE)

TO: THE BOARD OF GOVERNORS OF LAKEHEAD UNIVERSITY (hereinafter called the "University")

I. OVERVIEW OF THE FIELD TRIP:

II. PARTICIPANT'S PERSONAL INFORMATION:

Name of Participant: _____ Birth Date (mm/dd/yyyy): _____

Student #: _____ Address and Postal Code: _____

Cell Phone Number: _____ LU Email: _____

Other phone number: _____ OHIP/Health Plan #: _____

Emergency Contact Name: _____ Relationship: _____

Cell Phone Number: _____ Other Telephone Number: _____

I have fully informed the person designated above as my Emergency Contact concerning my participation in the **Placement**; that he/she has agreed to act as my Emergency Contact; and that I AUTHORIZE the **University** to contact this person for or with information about me unless I revoke or change this appointment by notifying the **University** in writing.

_____ (Initial here that you have read this paragraph)

Declaration of Health Status

I take full personal responsibility for my known pre-existing medical conditions. For conditions that I choose to reveal, I will make personal arrangements with another **Field Trip** participant so that symptoms of distress can be recognized. For conditions that I choose not to reveal, I take full personal responsibility. I have been made aware of the risks involved in this **Field Trip** and have evaluated the need for a physical check-up and /or prophylactic measures. I hereby declare that I am medically fit to engage in this **Field Trip**.

_____ (Initial here that you have read this Health Declaration)

In the interests of protecting your wellbeing, and in the light of the Declaration above, voluntarily identify here any health, medical, allergy and/or medication issues about which the Instructor(s) should be aware:

III. AGREEMENT:

In consideration for being allowed to participate in the Field Trip I hereby declare that I understand and agree as follows:

Assumption of Risks

- (1) That participating in the **Field Trip** carries some risks, which can be mitigated by prudence, but which might nevertheless materialize in potentially harmful ways, including but not limited to:
 - (a) Damage or vandalism to, or theft or loss of personal property; [list all significant personal risks, e.g. musculo-skeletal injuries, injuries to internal organs, concussions, abrasions, bruises, blisters or cuts resulting from slips or falls or collisions or from breakdown or other mishaps resulting from the use of equipment or from travel to and from **Field Trip** venues; exposure to biting and stinging insects, ticks, toxic plants, and potentially dangerous animals, such as bears, wolves, and large ungulates – consult Director of Risk Management if necessary];

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, illness, death, property damage or loss, resulting therefrom.

_____ (Initial here that you have read paragraph 1)

Waiver of Claims and Release of Liability

(2) **TO WAIVE ANY AND ALL CLAIMS** directly or indirectly connected to the **Field Trip** that I have or may have in the future against the **University**, including its members, officers, employees, students, agents, volunteers and independent contractors, including the **Field Trip** Instructor(s) (all of whom are hereinafter collectively referred to as "**the Releasees**");

(3) **TO RELEASE THE RELEASEES** from any and all liability for any personal or property loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the **Field Trip due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM, OR WARN ME OF, THE RISKS, DANGERS AND HAZARDS OF THE FIELD TRIP;**

_____ (Initial here that you have read paragraphs 2 and 3)

Other

- (4) That, if I need to be considered for accommodation for disabilities on the **Field Trip**, I must first comply fully with the **University's Accommodations for Students with Disabilities Policy** and its related *Procedures*;
_____ (Initial here that you have read paragraph 4)

- (5) That, in the event of any illness or injury or other form of incapacity that I may suffer during the **Field Trip**, or of my unexplained or otherwise suspicious disappearance from the **Field Trip**, I hereby authorize the **University** and/or **Field Trip** instructor(s) to:
 - (a) secure such advice and services, including medical and/or emergency advice and services, as they in their sole discretion may deem necessary for my health and safety and I shall be financially responsible for such advice and services; and
 - (b) collect, use, and disclose all my personal information, including my personal health information, that they in their sole discretion may deem necessary under the circumstances for my health and safety;
 _____ (Initial here that you have read paragraph 5)

- (6) That the **Field Trip** instructor(s) and/or the **University** may make visual and/or audio recordings of me and may use these recordings solely for educational or promotional purposes in relation to the **Field Trip**, [Course Name & Number], the **University**, and/or any unit of the **University** in perpetuity without compensation.
_____ (Initial here that you have read paragraph 6)

- (7) That this **Agreement** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;
_____ (Initial here that you have read paragraph 5)

- (8) That, once signed, this **Agreement** may be copied and preserved by the **University** in electronic format, and that each such electronic **University** copy shall be deemed to be an original.
_____ (Initial here that you have read paragraph 6)

(9) That this **Agreement** and any rights, duties and obligations as between the parties to this **Agreement** shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction, and any litigation related in any way to this **Agreement** and/or the **Field Trip** shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.

_____ (Initial here that you have read paragraph 7)

I HAVE READ AND UNDERSTOOD AND INTEND TO BE BOUND BY THIS AGREEMENT IN ITS ENTIRETY. I EXECUTE THIS AGREEMENT VOLUNTARILY.

Signed this _____ day of _____ 2 _____

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

This Agreement must be completed in full, initialed where required, signed, and dated before the Participant may have any involvement in Field Trips.

Personal information on this form is collected under the authority of sections 3 and 14 of the Lakehead University Act and will be used for the administration and operation of **Field Trips** and for the defense of the **University** against any claims or litigation in any way related to **Field Trips**. It will be kept otherwise confidential. Any questions on this collection should be directed to: Chair, Undergraduate Studies, Faculty of Education, Lakehead University, 955 Oliver Rd, Thunder Bay, P7B 5E1; telephone: (807) 343-8520; or Chair, Orillia Education Programs, Faculty of Education, Lakehead University, 1 Colborne St W, Orillia, ON L3V 7X5; telephone: (705) 330-4008.

1.7 Waiver Form for Optional International, Remote, and/or Alternative Placement (CONFIDENTIAL)

AGREEMENT including Assumption of Risks, Waiver of Claims, Release of Liability, and Authorization to Obtain Medical/Emergency Services (hereinafter collectively called the "Agreement"), for Participation in an International, Remote, and/or Alternative Placement (hereinafter called "Placement")

Please Note: By signing this Agreement, you will WAIVE CERTAIN LEGAL RIGHTS, including the RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT, and you will ACCEPT LEGAL OBLIGATIONS.
Please Read Carefully!

_____ (Initial here that YOU HAVE READ THIS NOTICE)

TO: THE BOARD OF GOVERNORS OF LAKEHEAD UNIVERSITY (hereinafter called the "University")

I. OVERVIEW OF THE PLACEMENT:

The teacher candidate has chosen to complete an International, Remote and/or Alternative Placement (hereinafter called the "Placement"). This is a non-mandatory Placement location selected by the teacher candidate.

II. PARTICIPANT'S PERSONAL INFORMATION:

Name of Participant: _____ Birth Date (mm/dd/yyyy): _____

Student #: _____ Address and Postal Code: _____

Cell Phone Number: _____ LU Email: _____

Other phone number: _____ OHIP/Health Plan #: _____

Emergency Contact Name: _____ Relationship: _____

Cell Phone Number: _____ Other Telephone Number: _____

Email: _____

I have fully informed the person designated above as my Emergency Contact concerning my participation in the **Placement**; that he/she has agreed to act as my Emergency Contact; and that I AUTHORIZE the **University** to contact this person for or with information about me unless I revoke or change this appointment by notifying the **University** in writing.

_____ (Initial here that you have read this paragraph)

Declaration of Health Status

I understand that participation in this voluntary **Placement** may involve travel and strenuous activity. In either case, my health may be affected by activity levels to which I am not accustomed or by exposure to viruses/infections. I accept personal responsibility for securing the advice of a health practitioner (preferably a family physician) prior to participating in this **Placement** and for obtaining the required and recommended inoculations that are recommended by Canadian and foreign health authorities. I recognize that some pre-existing medical conditions, while not a serious health threat when medical services are readily available, may be life threatening in remote locations. I take full personal responsibility for my known pre-existing medical conditions. For conditions that I choose to reveal, I will make personal arrangements with another **Placement** participant so that symptoms of distress can be recognized. For conditions that I choose not to reveal, I take full personal responsibility. I have been made aware of the risks involved in this elective **Placement** and have evaluated the need for a physical check-up and /or prophylactic measures. I hereby declare that I am medically fit to engage in this elective **Placement**.

_____ (Initial here that you have read this Health Declaration)

In the interests of protecting your wellbeing, and in the light of the Declaration above, voluntarily identify any health, medical, allergy and/or medication issues about which the Professional Experiences Coordinator, Placement Officer, associate teacher(s) and/or mentor(s) should be aware:

III. AGREEMENT:

In consideration for being allowed to participate in the **Placement**, I hereby declare that I understand and agree as follows:

Assumption of Risks

- (1) That participating in the **Placement** carries some risks, which can be mitigated by prudence, but which might nevertheless materialize in potentially harmful ways, including but not limited to:
 - (a) Damage or vandalism to, or theft or loss of personal property
 - (b) Personal injury/disability/death due to motor vehicle and/or other accident
 - (c) Personal injury/disability/death due to limited access to medical care and advanced medical facilities

[List all significant personal risks, e.g. musculo-skeletal injuries, injuries to internal organs, concussions, abrasions, bruises, blisters or cuts resulting from slips or falls or collisions or from breakdown or other mishaps resulting from the use of equipment or from travel to and from **Field Trip** venues; exposure to biting and stinging insects, ticks, toxic plants, and potentially dangerous animals, such as bears, wolves, and large ungulates – consult Director of Risk Management if necessary];

I fully, and willingly, assume responsibility for all such risks, dangers and hazards, and the possibility of personal injury, illness, death, property damage or loss, resulting therefrom.

_____ (Initial here that you have read paragraph 1)

Waiver of Claims and Release of Liability

(2) **TO WAIVE ANY AND ALL CLAIMS** directly or indirectly connected to the **Placement** that I have or may have in the future against the **University**, including its members, officers, employees, students, agents, volunteers and independent contractors, including the **Placement** associate teacher(s)/mentor(s) (all of whom are hereinafter collectively referred to as "**the Releasees**").

(3) **TO RELEASE THE RELEASEES** from any and all liability for any personal or property loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the **Placement due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM, OR WARN ME OF, THE RISKS, DANGERS AND HAZARDS OF THE PLACEMENT AND THE POSSIBILITY OF PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS, RESULTING THEREFROM.**

_____ (Initial here that you have read paragraphs 2 and 3)

Other

(4) That it is my responsibility to successfully complete all courses and prior **Placements** in the Bachelor of Education program as a condition of attending the scheduled **Placement**.

_____ (Initial here that you have read paragraph 4)

(5) That it is my responsibility to attend all orientation and training sessions made available to me in preparation for the **Placement**.

_____ (Initial here that you have read paragraph 5)

(6) That I will comply with all instructions of the **Placement** associate teacher(s), mentors and/or host site administrators respecting the **Placement**, and that my failure to do so may result in my immediate dismissal from the **Placement** without compensation for any costs that I have incurred. Further, I understand that I will be responsible for any additional costs

incurred as a result of the early dismissal.

- _____ (Initial here that you have read paragraph 6)
- (7) That, if I need to be considered for accommodation for disabilities on the **Placement**, I have complied fully with the **University's Accommodations and Access for Students with Disabilities/ Medical Conditions Policy** and its related *Procedures*.
_____ (Initial here that you have read paragraph 7)
- (8) That I am responsible for looking after and ensuring that I have a sufficient supply of all my prescribed medications for the **Placement** and that I alone am responsible for administering them.
_____ (Initial here that you have read paragraph 8)
- (9) That, because the **Placement** is being undertaken in association with the **University** of which I am a student, my conduct will reflect on the **University** during the **Placement** and will be subject to the **University's Code of Student Behaviour and Disciplinary Procedures** (the "Code") at all times during the **Placement**. As a **University** student ambassador, I will represent the **University** enthusiastically, and respect the culture, customs, expectations, and practices of the host school and country. Accordingly, I understand that any misconduct in which I engage during the **Placement**, including but not limited to abuse of alcohol or drugs, may be prosecuted under the Code and that all additional costs incurred as a result will be my responsibility (e.g. transportation).
_____ (Initial here that you have read paragraph 9)
- (10) That, apart from the services that the **Placement** organizers have expressly indicated in writing that they will provide me, all travel arrangements and expenses are my responsibility, including transportation, accommodation, meals, sundry items, and the acquisition of all necessary travel documents and permissions related to the **Placement**.
_____ (Initial here that you have read paragraph 10)
- (11) That it is my responsibility to provide all necessary legal documentation (for example Police Record Check, appropriate visas, customs and entrance requirements, passports and so on), medical, property, and travel insurance coverage and documentation (e.g. OHIP, Green Shield Cards) for myself for all portions of the **Placement**.
_____ (Initial here that you have read paragraph 11)
- (12) That the **University** will be under no obligation to do or pay anything on my behalf or reimburse me should I fail to comply with any of the **Placement's** travel and other arrangements or with any of the terms of this Agreement;
_____ (Initial here that you have read paragraphs 12)
- (13) That for the duration of the **Placement** it is advisable for me to carry copies of my passport and essential ID, as well as a small supply of cash, separate from my other valuables. Further, I am responsible for safeguard of all personal items and valuables. These will not be reimbursed to me in the event of loss or theft.
_____ (Initial here that you have read paragraph 13)
- (14) That it is my responsibility to ensure that I arrive on time for all flights/other modes of transportation associated with the **Placement** and that failure to do so will result in additional costs for which I will be responsible.
_____ (Initial here that you have read paragraph 14)
- (15) That it is my responsibility to ensure that I have proper equipment and clothing for the **Placement**.
_____ (Initial here that you have read paragraph 15)
- (16) That it is my responsibility, wherever possible, to avoid traveling alone into unknown areas, and to ensure that I notify an emergency contact of my whereabouts/plan, and have means to quickly communicate with my contact/emergency services in the event of an accident.
_____ (Initial here that you have read paragraph 16)
- (17) That, in the event of any illness or injury or other form of incapacity that I may suffer during the **Placement**, or of my unexplained or otherwise suspicious disappearance from the **Placement**, I hereby authorize the **University** and/or **Placement** instructor(s), Associate Teachers, Mentors and/or host site administrators to:
- (a) secure such advice and services, including medical and/or emergency advice and services, as they in their sole discretion may deem necessary for my health and safety and I shall be financially responsible for such advice and services; and
 - (b) collect, use, and disclose all my personal information, including my personal health information, that they in their sole discretion may deem necessary under the circumstances for my health and safety.
- _____ (Initial here that you have read paragraph 17)

(18) That I am responsible for debriefing with representatives of Lakehead University during and immediately following completion of my **Placement**, as a requirement of any funding/opportunities to participate in an International, Remote and/or Alternative **Placement**. As part of this process, I will supply a written and/or video testimonial to the representative of the University, which provides highlights of the **Placement** experience.

_____ (Initial here that you have read paragraph 18)

(19) That the **Placement** associate teacher(s)/mentor(s) and/or the **University** may make visual and/or audio recordings of me and may use these recordings solely for educational or promotional purposes in relation to the **Placement**, the **University**, and/or any unit of the **University** in perpetuity without compensation. In making any visual and/or audio recordings, I acknowledge that I will comply with any, and all, existing privacy protocols at the host site. This compliance will include obtaining written permission where necessary.

_____ (Initial here that you have read paragraph 19)

(20) Where I have received funding to assist with the costs associated with the **Placement**, I understand that if I withdraw from the **Placement** for any reason, the total sum of the stipend shall be reimbursed payable to the Faculty of Education, by a certified cheque, within 30 days of cancellation.

_____ (Initial here that you have read paragraph 20)

(21) That this **Agreement** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

_____ (Initial here that you have read paragraph 21)

(22) That, once signed, this **Agreement** may be copied and preserved by the University in electronic format, and that each such electronic copy shall be deemed to be an original.

_____ (Initial here that you have read paragraph 22)

(23) That this **Agreement** and any rights, duties and obligations as between the parties to this **Agreement** shall be governed by and interpreted solely in accordance with the laws of the Province of Ontario and no other jurisdiction, and any litigation related in any way to this **Agreement** and/or the **Placement** shall be brought solely within the Province of Ontario and shall be within the exclusive jurisdiction of the Courts of the Province of Ontario.

_____ (Initial here that you have read paragraph 23)

I HAVE READ AND UNDERSTOOD AND INTEND TO BE BOUND BY THIS AGREEMENT IN ITS ENTIRETY. I EXECUTE THIS AGREEMENT VOLUNTARILY.

Signed this _____ day of _____ 2_____

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

This Agreement must be completed in full, initialed where required, signed, and dated before the Participant may have any involvement in Field Trips.

Personal information on this form is collected under the authority of sections 3 and 14 of the Lakehead University Act and will be used for the administration and operation of **Field Trips** and for the defense of the **University** against any claims or litigation in any way related to **Field Trips**. It will be kept otherwise confidential. Any questions on this collection should be directed to: Chair, Undergraduate Studies, Faculty of Education, Lakehead University, 955 Oliver Rd, Thunder Bay, P7B 5E1;

telephone: (807) 343-8520; or Chair, Orillia Education Programs, Faculty of Education, Lakehead University, 1 Colborne St W, Orillia, ON L3V 7X5; telephone: (705) 330-4008.