

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) 343-8000, ext. -8520; or Chair, Orillia Education Programs, Faculty of Education, Lakehead University, 1 Colborne St W, Orillia, ON L3V 7X5; telephone: (705) 330-4008.