



## 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)

