

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

I, _____ (print name), the undersigned student registered at the University of Ottawa or at another university participating in the Ontario University Field Program in Biology, have chosen to take part in a field course offered through the University of Ottawa (hereinafter referred to as the "Sector") AND I THEREFORE STATE AS FOLLOWS:

1. I SHALL, at my own expense, arrange and take responsibility for the following:
 - a) all travel documentation or other documentation required for the exchange program;
 - b) any insurance coverage that may apply to me;
 - c) my program of study and course selection;
 - d) all legal or financial obligation arising from the above or my participation in the field course.
2. I AM AWARE of the possibility of personal health and safety risks due to my participation in the field course including the exposure to foreign diseases. 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.
3. I AM ALSO AWARE that there may be immunization requirements before entering into the country in which the field course is to take place; that I will inform myself of the appropriate immunizations for the exchange program and obtain such immunizations at my expense.

IN CONSIDERATION of my voluntary participation in the exchange program and recognizing that the University of Ottawa or the Sector cannot fully screen the field sites 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

4. 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 as well as all host organizations involved in the field course and their officers, employees, students volunteers and other representatives (hereinafter collectively referred to as the "**Releasees**") arising from my participation in the field course.
5. TO RELEASE the Releasees from any and all liability for death or any loss, injury or expense that I may suffer, or that my next of kin may suffer from my participation in the field course.
6. TO INDEMNIFY the Releasees from any and all liability for damage to property of, or personal injury to, death of, any third party, arising from my participation in the field course.

7. THAT I have fully informed the person designated below as my Next of Kin concerning my participation in the exchange 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: (home) _____ (work) _____

Email: (home) _____ (work) _____

8. 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 UNDERSTAND ITS CONTENT: AND THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS that I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.

DATE: _____
Signature of participant

Print name of witness Signature of witness

Please complete, sign and return this form to the Biology Department, University of Ottawa, 150 Louis Pasteur Priv., Ottawa, Ontario K1N 6N5 along with your payment for the field course.