



Wilfrid Laurier University

Acknowledgement of Risk and Responsibility

I acknowledge that I am a student registered at _____ (note home University) in the following course: _____ (note course number at home university). Pursuant to the Ontario University Field Biology Program, I am participating in inter-university studies and will be participating in the following field course under the coordination of Wilfrid Laurier University: **BI394 (#23 OUPF)** (the “Field Course”).

I am aware that during the field course in which I am participating, certain risks and dangers may occur, including, but not limited to, the hazards of traveling, accidents, natural disasters or illness. I have read and understand the associated field safety assessment documentation. I understand that Wilfrid Laurier University (“Laurier”) is not able to ensure my safety from such risks and dangers and is not responsible for any unexpected or emergency costs that I may incur, including travel or accommodation costs.

I acknowledge that I am not an insured person or covered under any policy of insurance held by Laurier in the event of death, injury or loss (including loss of property) while I am engaged in these activities (see note). If I wish to have such insurance coverage, or additional health insurance, it is my sole responsibility to acquire it. I acknowledge that I have been provided with information on available additional health insurance.

I acknowledge that I am responsible to research the location I am going to and affirm that I understand what is required concerning medical, health, wellness, safety, legal and cross-cultural considerations for preparing for the trip. I acknowledge that prior to departure I have been advised of various aspects of travel, potential risks and dangers, as well as the need to act in a responsible manner at all times.

For my personal security, **I acknowledge** I should:

- o Respect the laws and the customs of the Northwest Territories and Canada
- o Take all reasonable protections to ensure my personal welfare
- o Ensure that I am following the instruction of the course coordinator(s)
- o Inform the instructor of any and all medical conditions and associated medications

Further, **I acknowledge** that I have read the excerpt on **Student Code of Conduct** (12.2) taken from the current Laurier Undergraduate Calendar at https://www.wlu.ca/page.php?grp_id=158&p=8383&pv=1. In particular, I acknowledge that I am expected to abide by the policies, procedures and practices of Laurier while participating in the Field Course and that I am solely responsible for expenses (emergency accommodation, phone/fax/email, non-course transportation, etc.) relating to my participation in the Field Course, unless otherwise arranged (e.g., field course-related transportation, food, and accommodation costs).

Emergency Contact Information:

- 1) Name and relation of emergency contact: _____
- 2) Daytime and evening contact number: _____
- 3) Home address of contact: _____
- 4) Email address of contact: _____

I have fully informed my designated emergency contact person regarding all aspects of this program, including the nature of possible risks.

Date: _____

Signature: _____

Name Printed: _____

Note: All students must be covered by a provincial health care plan, UHIP, or an approved equivalent plan to UHIP. This provides coverage for physician and hospital expenses up to the varied maxima of these plans. In addition, students are required to participate in their University Health and Dental Plan or equivalent or superior coverage through a spouse or parent. Please note that ambulance service originating out of province is not covered under OHIP and may exceed the maximum amount of your student plan; consideration of additional coverage is advised as air ambulance services may be required in extreme emergencies. My signature above indicates that I have checked my out-of-province coverage under my health plan and consider it to be appropriate for the risks I know I will be facing.

Purpose of travel: Field Course

STUDENT IS RESPONSIBLE FOR RETURNING SIGNED FORM BY AUGUST 2 TO THE RESPONSIBLE CO-ORDINATOR.