



IAS -AFRICAN STUDY ABROAD COURSE: INFORMED CONSENT AGREEMENT

WARNING!

BY SIGNING THIS FORM YOU ACKNOWLEDGE YOU ASSUME THE RISKS ASSOCIATED WITH THE
EVENTS DESCRIBED HEREIN IN THE TITLE AND BODY OF THIS DOCUMENT

PLEASE READ CAREFULLY! PARTICIPANTS MUST BE 18 OR OLDER

NAME OF PARTICIPANT: _____

(Must Print)

ADDRESS OF PARTICIPANT:

CANADIAN TELEPHONE NUMBER : (_____) _____

BIRTH DATE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

TELEPHONE NO.: (_____) _____

DISCLAIMER CLAUSE

The Governors of Carleton University AND The Institute of African Studies , their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereinafter refer to as "The Releasees") are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in the International Experience Requirement and all related activities of the International Experience Requirement including injury, loss or damage which might be caused by the negligence of THE RELEASEES.

IAS -AFRICAN STUDY ABROAD COURSE DESCRIPTION OF RISKS

In consideration of my participation in IAS _ African Study Abroad Course and all related activities, I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with

this requirement, including THE POSSIBLE RISK OF SEVERE OR FATAL INJURY TO MYSELF OR OTHERS. These risks include, but are not limited to:

- Risks associated with travel to and from all venues of the various components including transport by public or private motor vehicle which could include but are not limited to an accident resulting in severe physical injuries or death;
- Intoxication and/or alcohol poisoning from the alcohol I consume during International experience requirement and all related activities whether voluntarily or through coercion resulting in illness, injury or death;
- Food-related illness resulting from any meal arranged for me whilst undertaking my international experience requirement
- Muscular injuries and soft tissue injuries, broken bones, bruises, scrapes, cuts, sprains, dislocation, head, facial eye and/or dental injuries which might result from participation in the international experience requirement
- Injuries resulting from falling or being knocked down or steep steps where a fall may cause injury or death;
- Injuries resulting from rough terrain, failure to see an obstacle, failure to negotiate a turn, etc.;
- Injuries resulting from walking on a hill, slipping and/or falling;
- Injuries resulting from malfunctioning of equipment or misuse of equipment whether owned, designed or operated by myself or the staff of THE RELEASEES;
- Changes in weather or temperatures which may result in hypothermia, frostbite, windburn, sunburn, colds or flu;
- Death, injuries or illness resulting from failure to follow directions from those in charge of the program and all related activities;
- The risks associated with returning to my residence after participating in the program and/or related activities; and
- Other risks associated with being a spectator of or being present at a crowded, outdoor or indoor event.

MEDICAL/HEALTH & TRAVEL INSURANCE

1. I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance. The Releasees will provide no medical/health insurance. In the event of a medical/health problem, the Releasees accept no responsibility for any costs associated with a medical/health problem nor will they pay for any medical/health expenses that may be incurred by the participant.

2. I AM SOLELY RESPONSIBLE to select and purchase adequate travel insurance. The Releasees will provide no travel insurance. The travel insurance should provide cover against theft, personal accident, personal liability, repatriation and cancellation of tickets among other coverages. The Releasees accept no responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by the participant relating to these areas. I freely

accept and assume all responsibility to provide myself with medical/health and travel insurance coverage.

ASSUMPTION OF RISK

In return for allowing me to voluntarily participate in the International Experience Requirement and all related activities, I agree:

1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participation in the International Experience Requirement and all related activities.
2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE which I might sustain while participating in the Bachelor of Global and International Studies International Experience Requirement and all related activities.

MEDICAL CONDITIONS

I agree to advise the organizers of the trip prior to the start of the event of any relevant existing medical conditions or injury for the purpose of advising emergency personnel in the event of a medical emergency.

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

SIGNED THIS _____ day of _____, 20____, at Ottawa Ontario.

Signature of Participant

Signature of Witness

Printed Name of Witness

Signature of Parent or Guardian (if Participant under 18)

Address & Phone No. of Parent or Guardian

The personal information requested on this form is collected in accordance with Section 38(2) and 42(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F. 31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant directs otherwise. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.