



### Assumption of Risk and Release from Liability

**This agreement must be completed in full before any funds will be given in support of this activity.**

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Name of Activity/Program: \_\_\_\_\_ UofT Course Code (if applicable): \_\_\_\_\_  
("activity")

Location of Activity/Program: \_\_\_\_\_

Dates of Activity/Program: Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

All students who have received funding through Victoria University are participating in their identified activity on a VOLUNTARY basis. The activity is unaffiliated with Victoria University and the University of Toronto ("Universities") and has not been evaluated or approved by the Universities.

Student:

I assume all responsibilities and risks for the activity and understand that this activity may involve SIGNIFICANT RISKS not limited to travel to and from and living in a foreign country under different conditions of public or private health, sanitation, communication, infrastructure, politics and environment. If I am travelling outside of Canada, risks may be associated with the laws, customs, living conditions and health standards existing in the country(ies) where I will travel.

I understand that this activity may require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and I hereby WARRANT BEING PHYSICALLY AND MENTALLY FIT AND ABLE TO PARTICIPATE and understand that I am ASSUMING THOSE RISKS AND RESULTS which are part of this activity.

I acknowledge that I have been strongly encouraged to consult with my medical care providers and a Travel Medical Clinic before leaving Canada.

I understand there is NO INSURANCE COVERAGE provided by the Universities for this activity. It is my responsibility to arrange any such coverage as required, for loss or damage to any personal property. I confirm that I have arranged MEDICAL INSURANCE for the duration of my travel. I am aware that health insurance may not cover all aspects of travel, including but not limited to high risk activities, injury caused by civil war and natural disasters, long-term disability, health care and repatriation. I recognize that the University does not make any claims regarding the adequacy of the medical insurance coverage and that all decisions regarding the appropriateness of my medical insurance are solely at my discretion.

I, the UNDERSIGNED, hereby acknowledge that certain RISKS OF PERSONAL INJURY OR PROPERTY LOSS are inherent to my participation in my elected activity. Risks may be minor or serious and may result from my own actions or the actions or inactions of others, or a combination of both, or may be beyond control (such as the risk of illness, disease, war or violence).

**IN VIEW OF MY VOLUNTARY ASSUMPTION OF ALL RISKS,** I agree for myself, and my family, heirs and executors that TO HOLD HARMLESS AND INDEMNIFY THE BOARD OF REGENTS OF VICTORIA UNIVERSITY AND THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO their officers, employees, agents and assigns, The Universities shall not be liable for any injury to my person (including death), illness, loss or damage to my personal property, or any consequential damages arising in any way resulting from my participation in my identified activity.

Without limiting the generality of the above, this RELEASE FROM LIABILITY includes any ILLNESS, ACCIDENT, SICKNESS, CANCELLATION, DELAY, ALTERATION, OR INCONVENIENCE suffered or incurred by me or any person in consequence of or in any way related to my elected activity or during transit, including any claims resulting from the operation of a motor vehicle, or motorcycle/mobylette.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT IN ITS ENTIRETY AND AGREE TO BE BOUND BY THESE TERMS. I understand that by signing this document I indicate that I understand the risks associated with this activity, that I am aware that by participating in the activity I am being exposed to risks, and that I accept important legal obligations and waive certain legal rights, including the right to sue.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date