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**Acknowledgement of Risks/Responsibilities and Liability Waiver**

University of Winnipeg Field Placement and Study/Work Abroad Programs

**Note: detailed instructions follow on an attached final page, explaining exactly how to fill in each blank.**

**ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULY.**

In consideration of the University of Winnipeg making arrangement for me to participate in a field placement at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Location/host institution name/name of country]*, for a period beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as the “Program”), I agree as follows:

**Assumption of Risks:** I understand that the Program will take me away from campus for an extended period of time. During this period, I understand that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, disease, sickness or death or damage to my property as a result of my participation in the Program; and that there is a possibility of accidents, natural hazards, violence, crime, civil unrest, disease, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers. I further acknowledge that I had other options, other than to participate in the Program, but selected to do so freely and voluntarily.

**Assumption of Responsibility**: I understand that it is my responsibility to abide by all applicable policies and laws of the University and any host institution/country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate the University does not carry accident or injury insurance for my benefit and I acknowledge that I have been advised by the University of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the University to participate in the Program. I recognize that there may be certain portions of the Program which the University will not supervise. Further, I recognize that the University will not arrange any living accommodations or extracurricular activities during my participation in the Program, unless specifically detailed in the Program description.

**Liability Waiver:** I release and hold harmless the University, its employees, students and agents (all of whom are collectively referred to as the “University”) from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in this Program, including, but not limited to, accidents, natural hazards, violence, crime, civil unrest, sickness, disease, homesickness and loneliness. Moreover, the University shall not be liable for loss, damage or costs of any kind which I may incur as a result of participation in this Program and which relates to transportation, scheduling, government restrictions, acts of God or any other matter beyond the University’s control. I understand that this waiver cannot be modified except in writing, with the consent of the University. This waiver shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns.

**I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER ON MY LEGAL RIGHTS AND RESPONSIBILITIES.**

(Please Print)

Student/Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student/Staff Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Witness as to Signature of Participant

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

**for filling in the “Acknowledgement of Risk/Responsibilities and Liability Waiver”**

Please insert the applicable information in the designated areas as follows:

1st Blank - Please fill in by hand the location/host institution or name of country.

2nd Blank - Please fill in by hand the date you are to depart

3rd Blank - Please fill in by hand the date you are to arrive back in Winnipeg

Information/Signature Box:

1st Blank - Please fill in by hand your name

2nd Blank - Please fill in by hand your Student/Staff Number

3rd Blank - Please fill in by hand your permanent address

4th Blank - Please fill in by hand your telephone number by which you may be contacted

Signature of

Participant Line - Please sign when you have read the entire Waiver and agree to it

Witness as to

Signature of Participant – Please have someone witness your signature by signing where indicated

Once you have completed the Acknowledgement of Risks/Responsibilities and Liability Waiver as per above instructions, please turn it in to the supervising faculty member, who will forward the original to the VPA office for safekeeping. Please keep a photocopy for your records.