

TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY**INFORMED CONSENT, RISK ACKNOWLEDGEMENT
AND INDEMNITY AGREEMENT**

WARNING: By signing this document you indicate that you understand the risks associated with the activity(ies), that you are aware that by participating in the activity(ies) you are being exposed to the risks identified below. It gives the University authority to secure medical assistance for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by you.

PLEASE READ CAREFULLY!

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

EMAIL ADDRESS OF PARTICIPANT: _____

NAME/TITLE OF TRIP: _____
(referred to as "this Trip" throughout this agreement)

LOCATION(S) OF TRIP: _____
(referred to as "this Location" throughout this agreement)

DATE(S) OF TRIP: From: _____ To: _____

PREAMBLE:

This Trip is an exceptional educational/working opportunity, but it is not without certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss(es), delay or inconvenience and **this Trip's** cancellation or curtailment. All participants taking part in **this Trip** are required to accept these and other risks as a condition of their participation in this program. The Risks set forth below are intended to enable participants to better understand the various risks involved in **this Trip**.

NOTE: Please consult with your physician regarding any pre-existing conditions you may have, that may affect your participation in **this Trip**.

ASSUMPTION OF RISKS:

I am aware that there are further risks mentioned in the most current **Government of Canada - Travel Advisory(s)**, which I am required to read as a condition of my participation in **this Trip**.

I have read and understood the **Government of Canada - Travel Advisory(s)** for **this Location(s)** which indicates it was **Last Updated on:** _____.

I have read and understood the **International SOS data on infection & vaccination rates** for **this Location(s)** on the following **date:** _____.

There are inherent risks, dangers and hazards to which I may be exposed to while participating in **this Trip**. I understand that it is my responsibility to be informed about the inherent risks in **this Trip** and to take appropriate precautions to avoid risks and dangers. Risks include, but are not limited to:

Any manner of harm, injury, illness, death or property damage suffered by or resulting from:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water;
- Use, misuse, non-use and failure of any equipment;
- Travel by motor vehicle, watercraft, aircraft or any other means of transportation resulting in accidents, injuries or delays, poor road conditions, etc.;
- Medical facilities in **this Location** may be of a lower standard and/or may not be available or easy to access;
- Diseases that might not be common in Canada or that the traveler may not be familiar with or vaccinated against;
- Contact with wildlife, domestic or production animals that may carry diseases and parasites or whose behaviour may result in injuries to the traveler;
- Different environmental and weather conditions;
- The laws of **this Location** may be significantly different than those in Canada;
- The crime rate and criminal activity may be significantly higher or different than in Canada;
- Risks resulting from political unrest, government, military and/or terrorist activity, previous or current; and
- The possibility that **This Trip** may be cancelled or not be completed or individual activities may be curtailed or cancelled, due to weather, flooding, illness, political disturbances, terrorism, vehicle accidents, transportation problems, failure to perform on the part of the travel agents, guides, airlines or transportation companies, problems relating to customs, immigration or visa requirements, or other circumstances either within or beyond the control of the University of Calgary.

Any manner of harm, injury, illness, death or property damage suffered by or resulting from an outbreak or increased cases of an Infectious Disease, Bacterial or Viral, including COVID-19 resulting in:

- Enactment of government regulations restricting travel inside or outside of this country or my ability to leave, travel through or return to any country including Canada. I understand that these regulations can be imposed or changed suddenly and that international transportation options could be reduced significantly, making it hard for me to travel or return to Canada. I also understand that the Government of Canada does not have plans to offer further repatriation flights;
- My inability to obtain appropriate medical assistance including lack of access to medical facilities or medications to treat any illness or condition that I may have;
- My inability to obtain essential products and services;
- My insurance not covering my travel or medical expenses;
- Canadian consulates or embassies limiting their capacity to offer services;
- Penalties, fines, criminal charges, imprisonment, etc. caused by my failure to comply with local or national regulations relating to an outbreak (whether known to me or not), including, but not limited to, requirements to wear protective equipment, self-isolate or quarantine;
- I understand that there may be increased costs which may include, but are not limited to, extending or cancelling my accommodations, escalated cost of travel or food, loss of non-refundable fees or expenses or any portion thereof. **I understand that it is my responsibility to either purchase travel insurance that includes coverage for these types of costs, including quarantine and trip interruption costs, or that I have made my department/unit head aware of the travel and they have adequate funds to manage those costs should they arise.**
- I understand that it is my responsibility to consult with my department/unit head prior to travel to ensure that I can make alternate arrangements for work if I am quarantined.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

1. The University of Calgary and/or myself may be using the services of independent travel agents, travel guides and transportation companies. I understand and accept that the University of Calgary cannot accept responsibility for the conduct of these independent agencies.
2. I agree that if I suffer an injury while engaged on University business and I am unable to make a decision regarding medical advice and services, and the University is unable to contact my personal emergency contact(s) indicated in my Travel Registration, that the University may secure such medical advice and services as it may deem necessary for my health and safety.
3. I agree that if I am supplying my own equipment, I am responsible for ensuring that it is safe and well maintained equipment which is up to the requisite standards for the activity(s) in which I am participating. I understand that the University of Calgary accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my equipment.
_____ (Initial here that you have read paragraph 3.)
4. I agree to HOLD HARMLESS AND INDEMNIFY The Governors of the University of Calgary from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my participation in **this Trip**.
5. This Informed Consent shall be governed by and construed in accordance with the laws in force in the province of Alberta and the federal laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, disputes and actions arising out of and related to **this Trip** and this Informed Consent and the parties hereby attorn to the jurisdiction of Alberta courts.

I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT I MAY CAUSE.

Signed this _____ day of _____, _____.

SIGNATURE OF PARTICIPANT

WITNESS SIGNATURE (Non Family Member)

WITNESS NAME (please print)

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and the paragraph Assumption of Risks must be completed including paragraph 3 must be initialed before the participant may participate in this Trip.