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| **Date Last reviewed** | March 31, 2020 |
| **Date Last revised** | March 31, 2020 |

Please review the information below. If you have any questions, please contact Risk Management & Insurance at riskmgmt@ucalgary.ca or 403-220-5847.

## *This document is applicable to Distance Education Learners who are who are residents of the provinces/locations listed below and are applying to take an Educational Program with a Practicum course(s) in another province/country: For Residents of B.C., Ontario, N.W.T. and Nunavut where practicums are taking place in a different province/territory*

## NEW STUDENT

## ACKNOWLEDGEMENT OF ACCIDENTAL INJURY FOR STUDENT PLACEMENTS INSURANCE PROVIDED THROUGH THE UNIVERSITY OF CALGARY

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE THE LEGAL RIGHT TO SUE THE GOVERNORS OF THE UNIVERSITY OF CALGARY OR YOUR PRACTICUM SITE(S) FOR INJURIES OCCURRING AT YOUR PRACTICUM SITE(S).

**PLEASE READ CAREFULLY!**

TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY (“UNIVERSITY OF CALGARY”)

NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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UNIVERSITY OF CALGARY ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVINCE OF PRACTICUM SITE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am aware that as a requirement of my Educational Program, I am required to successfully complete practicum courses and that all practicum courses must be completed at Practicum Sites approved by the University of Calgary.
2. I am aware that by participating in these practicum courses I may be exposed to hazards and risks at the Practicum Site(s) which could result in injury, illness, death, loss, damage, expense and other liabilities   
   or consequences.
3. I am aware that the University of Calgary does not purchase Workers’ Compensation coverage for me in the province/country of my Practicum Site(s).
4. I am aware that the University of Calgary purchases Accidental Injury for Student Placements insurance, which may provide some coverage in the event of an injury while I am engaged in my practicum. I understand this insurance does not provide identical coverage to Workers’ Compensation.
5. I am aware that it is my responsibility to locate Practicum Site(s), acceptable to The Governors of The University of Calgary which will:
   1. accept me with the Accidental Injury for Student Placements insurance; or
   2. agree to cover me during my practicum with Workers’ Compensation coverage at their   
      expense and risk, in order to complete the educational components required for my   
      Educational Program.
6. I am aware that I may encounter difficulty locating a practicum placement when the University of Calgary does not cover me with Workers’ Compensation. This includes Practicum Sites that are required to cover their employees with Workers’ Compensation, but do not wish to assume the responsibility of covering the practicum student.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

As a condition of my acceptance into my Education program, I agree as follows:

1. I hereby release The Governors of The University of Calgary and its members, officers, employees, students, agents and volunteers (all of whom are hereinafter collectively referred to as "the Releasees"); from any and all liability for any injury, illness, death, loss, damage, expense and any other liabilities or consequences that I may suffer, or that my next of kin may suffer, as a result of:
   1. my inability to secure an approved Practicum Site(s), if applicable; or
   2. my participation in the Practicum(s); and
   3. my presence at the Practicum Site(s)

due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR

BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.

1. I hereby agree TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the Releasees related in any way to my inability to secure an approved Practicum Site(s), or my participation in the Practicum(s)and my presence at the Practicum Site(s).
2. I hereby agree TO HOLD HARMLESS AND INDEMNIFY the Releasees from any and all liability for any damage to the property of, personal injury to, or any other type of loss to, any third party, resulting from my inability to secure an approved Practicum Site(s).
3. I understand that it is my responsibility to learn as much as possible about the risks of the approved Practicum Site(s) and to weigh those risks against the advantages, and to decide whether or not   
   to participate.

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_\_\_

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SIGNATURE OF STUDENT SIGNATURE OF WITNESS **(Non Family Member)**