

QUEEN'S UNIVERSITY

Assumption of Risks, Responsibility and Liability Waiver
FOR STUDY/WORK ABROAD, FIELD TRIPS, EXCHANGE PROGRAMS, INTERNSHIPS, CLINICAL PLACEMENT AND PRACTICUM

WARNING! BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY

This information will be used for the International Centre's Emergency Support Program for Study/Work/Travel Abroad. Through the use of this form, all participants enrol in the Emergency Support Program and provide information about their host institution, host city and host country to the International Centre, before leaving for their sojourn abroad.

In consideration of being permitted to conduct study/work/travel at:

Form with three sections for Destination #1, #2, and #3. Each section includes fields for Host Institution/Program name, Host City, Host Country, Host Contact Name, Host Contact Title/Position, Host Contact Email Address, and Host Contact Phone #.

Please add additional destinations to a separate sheet and attach.

by _____, Queen's University at Kingston, Ontario, I agree as follows:
(Queen's Faculty/School/Department name)

Assumption of Risks: I understand that participation in a Queen's University study/work abroad program, field trip, exchange program, internship, clinical placement or practicum (the Program) will take me away from campus for an extended period of time.

I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of violence and crime, civil unrest, homesickness, and loneliness.

Assumption of Responsibility: I understand that it is my responsibility to abide by all applicable Queen's University and host institution policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage.

More particularly, I appreciate Queen's University does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from my education.

I acknowledge that I have been advised by Queen's University of such risks and dangers as well as the need to act in a responsible manner at all times and have received the Queen's University Education Abroad Workbook outlining these responsibilities.

Please see over.....

Liability Waiver: I release and hold harmless Queen's University, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program.

This waiver is effective for the period of time that I will be participating in the Program. I understand that this agreement cannot be modified or interpreted except in writing by Queen's University and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

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

Please print

Student/Staff Name: _____	Student/Staff Number: _____
Permanent Address: _____ (street, city, province, postal code)	
Permanent Telephone: (____) _____	E-mail Address: _____
_____ (Signature of Participant)	_____ (Witness as to Signature of Participant)
Date: _____	Date: _____