

The Department of Geography

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

Student Name: _____ Student # _____

Name/Location Field Course: _____

Date of Trip: _____

I am aware that during field trips, exchanges or other excursions in which I am participating under the arrangements of the University of Western Ontario, certain risks and dangers may occur, including, but not limited to, the hazards of traveling, accidents or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means, as well as exposure to customs and practices of societies different from our own. Accordingly, 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. More particularly, I appreciate that the University of Western Ontario does not carry medical, accident or injury insurance for my benefit. Further, there may be certain matters for which I could be at fault personally if the accompanying circumstances do not relate to or arise from my education, or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask the University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against the University in relation to such actions.

I acknowledge that I have been advised by UWO 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 participation in the above mentioned Program.

Signature: _____ Dated: _____

Witness: _____ Dated: _____

Your OHIP number: _____

Other Health Insurance Plan, type, & number: _____

Person to Contact in case of emergency: _____

Emergency Contact Telephone number: _____

The information on this form is collected under the authority of *The University of Western Ontario Act, 1982*, as amended, and is needed for use in the event of a medical or other emergency. If you have any questions about the University's collection, use, or disclosure of this information, please contact the Coordinator, Freedom of Information and Privacy Office, Stevenson Hall, Room 4101, 519-661-2111 ext 84543

EMERGENCY INFORMATION – CONFIDENTIAL

Student Name: _____ Student # _____

Home University: _____

Field Course/Location _____

MEDICAL INSURANCE

OHIP # (or equivalent): _____

Name of other insurer(s) and policy numbers: _____

Name of Policy Holder (if not student): _____

Policy holder guarantees that additional insurance is in force for the duration of the field course.

Signature of Policy Holder

HEALTH INFORMATION

Please list any allergies, drug sensitivities, regular medications and other information that might be of significance to a physician or hospital treating you in an emergency situation.

EMERGENCY CONTACT

Please give the following information for a person who can be reached in an emergency, during the course.

Name: _____

Relationship: _____

Address: _____

Phone (H): _____

(W): _____

(C): _____