INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

The University of Alberta collects and protects personal information under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of operating the programs and services of the university. If you require the disclosure of your personal information to another person, designated agent or agency, legal counsel or other purposes, please complete the following informed consent document as required under the Act.

I voluntarily authorize the University of Alberta

to disclose information regarding:
(check all that applies)

☐ the status of my application (nominated, being considered, denied);
☐ information while overseas (accommodation, safety and related matters);
☐ correspondence and updates between myself and the University of Alberta pertaining to my study abroad program

originally collected to:
facilitate my participation in a study abroad program

releasing to:

Name ______________________________________ Relationship _____________________________

Name ______________________________________ Relationship _____________________________

for the purpose of: providing information regarding myself and/or the contents of my application file

in the period: one year from the date a decision was communicated regarding my nomination.

Initials: _____
Risk Management Agreement

Education Abroad Program

I authorize __________________and/or __________________ to act on my behalf in delivering and retrieving documents and information related to my application file during the application process and for one year from the date a decision was communicated to me regarding my nomination. I understand that, by giving this authorization, the University of Alberta will communicate with these person(s) by providing my personal information to them as though it were me delivering and retrieving documents and information on my own behalf.

Initials: ______

NOTE: Consent is optional and may be revoked at any time by so indicating in writing to the office seeking consent.

Requests by the above designates for information about a student will be handled as follows:

1. If visiting the Education Abroad office physically: the designate will need to verify who they are by showing picture ID (e.g. a driver's license);
2. If contacting the Education Abroad office by phone, the designate will need to provide:
   a. their name (which will need to match the Risk Management Agreement); and
   b. the student’s name and UAlberta student ID number.

Please note that if there is specific information that you do not want released to persons listed above, it is your responsibility to contact the Education Abroad Advisor at the Education Abroad Program Office and specify in writing, to revoke or limit access to specific information available to your contact(s)

WARNING: PLEASE READ CAREFULLY!
BY SIGNING YOU GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by participating in the activity you are being exposed to the risks identified below, and that you accept important legal obligations and waive certain legal rights, including the right to sue.

DISCLAIMER CLAUSE

The Governors of the University of Alberta, their officers, directors, employees, volunteers, members and representatives (hereafter referred to as “The University”) are not responsible for any injury, loss or damage to personal property, detention, imprisonment, illness (including illness due to COVID-19), death or dismemberment arising out of any cause/nature whatsoever, sustained by any person while participating to this Trip. The University accepts no responsibility and assumes no liability with respect to any academic, vocational, medical, or financial advice received by the participant in relation to this Trip.

ASSUMPTION OF RISKS AND RESPONSIBILITIES

In consideration of my participation in this trip, I acknowledge that I am aware of, and freely accept all risks, dangers and hazards associated with being a participant in this trip, including the possible risk of severe or fatal injury to myself or others. These risks include, but are not limited to:
Risk Management Agreement

Education Abroad Program

1. Travel to and from Canada, travel between the various locations that may be included as part of the trip, travel by aircraft, train, bus, public or private motor vehicle, and/or by other alternative transportation systems;
2. Street crime, armed robberies, carjacking, sexual assault and rape, credit card fraud, and diseases not common in Canada;
3. Medical facilities available may well be of a lower standard than expected in Canada and may be limited;
4. Exposure to infectious and communicable diseases including the COVID-19 virus;
5. Limited services due to restrictions and closures imposed during an epidemic and/or pandemic including the COVID-19 pandemic;
6. Physical injury due to strenuous activities and encounters with animals or wildlife;
7. The location of this trip may have hazards resulting from military and/or terrorist activity, previous or present, such as unexploded land mines and munitions;
8. There are many aspects of travel that are outside of the direct control of the University. It is always possible that the trip might not be completed or individual activities may be curtailed or cancelled due to weather, illness including communicable and infectious diseases, epidemics, pandemics, political disturbances, kidnapping, terrorism, motor vehicle accidents, transportation problems and/or accidents, tribal violence, failure to perform on part of the travel agents, airlines or tour companies, problems relating to customs, immigration or visa requirements, or other reasons beyond the control of the University;
9. Exposure to materials that may cause an allergic reaction, and the inability to obtain appropriate medical care;
10. Injury or illness arising from my participation in activities or functions that are not directly related to the trip activities, including, without limitation, recreational and/or adventure activities that may include but are not limited to tours, walks, hiking, shopping, sports activities, swimming, dancing, alcohol or drug ingestion, water activities climbing, and any injury or loss arising therefrom.

Initials: _______

MEDICAL/HEALTH & TRAVEL INSURANCE

1. I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance including out of province medical coverage. In the event of a medical/health problem, the University of Alberta accepts no responsibility for any costs associated with a medical/health problem nor will it pay for any medical/health expenses, which may be incurred by me. I will purchase insurance that will cover me for medical treatment if I am infected with COVID-19 and which will cover me for an extended stay outside Canada/in my home country if return to Canada is delayed or not possible due to travel restrictions.

Adequate medical coverage includes the following:
- Hospital Services
- Physician’s Fees
- Prescription Medication
- Medical Equipment & Supplies
- Emergency Transport and air evacuation
- Accidental & Emergency Dental care
- Accidental Death & Dismemberment
- Repatriation or Burial of Deceased

Signed waivers must be filed with the Department/Faculty and be kept for a minimum of ten years after a decision was communicated regarding the student’s nomination.
Final Version: August 2020
Risk Management Agreement

Education Abroad Program

- Coverage for COVID-19 and related illnesses
- Provides coverage from the day I leave Edmonton to at least two days after I return to Edmonton
- Provides extended coverage in case I am forced or I choose to extend my stay outside of Canada
- Provides coverage if I am to travel to third party countries from my host country
- Provides coverage while in transit to third party countries when traveling from your host country
- Provides coverage in your host country

2. **I AM SOLELY RESPONSIBLE** to select and purchase adequate travel insurance. The travel insurance should include coverage for theft, personal accident, personal liability, repatriation and cancellation of tickets. The University of Alberta accepts no responsibility for any costs associated with these types of problems nor will it pay for any expenses that may be incurred by me relating to these areas. Due to travel restrictions and limited flight options, I will be responsible for the cost of any flight changes or cancellations.

3. **I AM SOLELY RESPONSIBLE** to consult with a physician in regards to any physical or mental health conditions (e.g. allergies, food intolerances, medical conditions that may deteriorate while abroad, immunodeficiency, disabilities that will require accommodation) that may result in harm to myself, others or to the operation of the program itself. By initialing, I acknowledge that I have consulted with my physician and have been medically cleared to participate in the program and have also voluntarily made the Education Abroad Program aware of any medical conditions that may require assistance while abroad.

I freely accept and assume all responsibility to provide myself with medical/health and travel insurance coverage.

Initials: ______

**RELEASE OF LIABILITY AND INDEMNIFICATION**

In consideration for the University allowing me to participate in this trip, I agree:

1. that the Governors of the University of Alberta, their officers, employees, and volunteers (hereinafter referred to as the “University”) are not responsible for any loss, damage, injury or expense of any kind sustained by me while participating in this trip and all related activities, except to the extent that such loss, damage, injury or expense might result from the negligence of the University;
2. to **WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the University arising out of any aspect of my participation in this trip and to **RELEASE** the University from any and all liability resulting from any loss, damage, sickness or illness including infectious and/or communicable diseases including COVID-19, injury (including death) or expense that I may suffer as a result of my participation in this trip, due to any cause whatsoever, including without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, as well as any duty of care owned under the Occupiers’ Liability Act (Alberta) on the part of the University;
3. to **INDEMNIFY AND HOLD HARMLESS** the University in relation to:
   a. any damage to University property caused by me;
   b. any and all liability for any damages to the personal property of, or personal injury to, any third party resulting from my participation in this trip; and
   c. any and all claims, demands, actions and costs which might arise out of my participating in this trip, except to the extent that such claims, demands, actions and costs may have been caused by the negligence of the University.

Signed waivers must be filed with the Department/Faculty and be kept for a minimum of ten years after a decision was communicated regarding the student’s nomination.

Final Version: August 2020
ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Further, I acknowledge and agree:

1. As a student of the University of Alberta, I am bound by Code of Student Behavior and I agree to conduct myself accordingly at all times while on the trip.

2. I will follow all rules, guidelines, and health and safety regulations provided by the course leaders, instructors, organizers, local officials, or any other governing body with jurisdictional authority, whether verbal or written. I will not violate any law or ordinance, including but not limited to, laws prohibiting the use, possession, growth, manufacture, packaging, or distribution of illegal drugs. Failure to comply could result in my being removed from the trip and sent home, in which case the University accepts no responsibility for any costs incurred.

3. It is my sole responsibility to obtain a valid passport or other satisfactory proof of residency as accepted for entrance into and exit from above noted location.

4. I understand that it is my responsibility to learn as much as possible about the risks of the trip and to weigh those risks against the advantages, and to decide whether or not to participate and/or depart earlier than the scheduled departure time.

5. If I am an international student, I assume all responsibility for the risks associated with staying or returning to my home country to participate in a University-approved program. These risks may include exposure to infectious and or communicable diseases including COVID-19, difficulty obtaining services, and inability to return to Canada if travel restrictions are imposed. I am subject to all local laws and rules, and bear all financial costs and responsibility for participating in this program.

6. I have read and understood the most current travel report for this trip that has been issued from Global Affairs Canada, and will stay aware of any changes before or during the trip.

7. I am aware that I may have difficulty returning to Canada or may have to remain abroad for an indeterminate period due to limited transport options and travel restrictions, and accept all financial costs associated with remaining abroad until I secure adequate transportation back to Canada.

8. I may have difficulty obtaining essential products and services and may face strict movement restrictions and/or quarantine due to the COVID-19 pandemic. I will ensure I have enough money, medication, food and water in case I need to extend my stay or am unable to leave my accommodations due to movement restrictions.

9. I will at all times comply with all personal protection equipment requirements required by local law, vendor and placement requirements including wearing masks, gloves, lab coats, appropriate foot wear as required to prevent harm to myself or others.

10. I should maintain a high level of personal security awareness, monitor local news reports closely, and avoid large crowds or gatherings. I should also be particularly cautious when leaving banks and automated teller machines.

11. The University is limited in its capabilities to assist in many types of incidents, and will not be financially responsible and may not provide resources to assist.

12. In the event that medical attention is required, I will contact my travel medical insurance company before receiving treatment to avoid denial of claims, where I am able to do so. I will promptly reimburse the University for all financial costs incurred on my behalf in the event of any...
emergency medical treatment that I may require while engaging in this trip, including but not limited to surface and/or air ambulance fees, medical fees, hospital and/or surgery fees.

13. If the University recalls me from the program for any reason and I decide not to return to Canada as requested, I acknowledge that my activities and travel plans abroad from that date forward will be considered to be on personal time and not part of a program endorsed by the University. In that case I will no longer be under the University’s duty of care, I will assume all further costs incurred, and I will no longer be eligible for the University’s liability coverage.

14. If I do not return to Canada immediately after the end of my program, I will no longer be under the University’s duty of care, I will assume all further costs incurred, and I will no longer be eligible for the University’s liability coverage.

15. I will register with the University’s UGO Off-Campus Travel Registry and the Registration of Canadians Abroad (if applicable) before the trip begins.

16. It is my responsibility to follow all travel requirements, including rules for quarantine or self-isolation, for my destination country, transit between Canada and my destination country (including transit through other countries) and when I return to Canada.

17. **FREE TIME**: I will assume full responsibility for any and all activity that I participate in at time when I am not involved in my work conducted as a student. Due to the nature of the location of the trip, I will use the buddy system whenever possible and where not possible, I will advise another individual of my plans or activities and the locations of these activities. I also recognize that whether I am conducting course work or on free time and my conduct will reflect this representation at all times.

____________________  ____________________
SIGNATURE OF PARTICIPANT  WITNESS SIGNATURE

____________________  ____________________
PRINTED NAME OF PARTICIPANT  PRINTED NAME OF WITNESS

SIGNED THIS _______ day of ________________________, 20___

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of administering the activity and/or to communicate with the emergency contact in case the participant is seriously injured or ill. Direct any questions about this collection to: Markus Vuorensola. Risk Management Coordinator, Education Abroad Program, 142 Telus Centre (87 Avenue and 111 Street), 780-492-6549, markusv@ualberta.ca.