

**Student/Participant Information**

Purpose of Trip				M   F
First Name		Last Name		Sex
Email Address		Date of Birth		Age
TRU Student Number		Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, Province, Postal Code		City, Province, Postal Code		

**Emergency Contacts**

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, Province, Postal Code		City, Province, Postal Code	

**Passport Information**

Passport Number:		Passport Issue Date	
Expiry Date:	Country of Passport	Issue Place	Copy included with student form

**Health Insurance Information**

Insurance Company Name:		
Policy Number	Expiration Date	Copy included with student form

Submit this form with all waivers, copy of passport, health insurance and trip assessment to  
TRU Study Abroad Centre, IB3000



# Release of Liability, Waiver of Claims, Assumption of Risks, Indemnity Agreement, and Jurisdiction Agreement for International Off-Campus Student Travel

By signing this document you will waive certain legal rights, including the right to sue.  Initial

Please print clearly:

Name  Student Number

Address

Destination   Study Abroad  Other

TO: **THOMPSON RIVERS UNIVERSITY**  
(hereinafter referred to as "TRU")

AND TO: **HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA**  
(hereinafter referred to as "THE PROVINCE")

**DEFINITIONS:**

In this agreement:

- a) the term **"participant"** shall apply to students who participate in the TRU Study Abroad program.
- b) the term **"international travel"** shall refer to all forms of land, air, and water based travel in and outside of Canada and shall include all activities, services and use of facilities either provided by or arranged by TRU or in any way related to the course activities included in the Study Abroad program or an International Field School program.
- c) the term **"transportation"** shall refer to all forms of on and off road transportation, including TRU owned vehicles, leased vehicles, ferries, airplanes, helicopters, sailing vessels, motorized vessels, and non-motorized vessels either provided or arranged by TRU or in any way related to the travel and course activities included in the Study Abroad program or International Field School program.

**IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE STUDY ABROAD PROGRAM OR INTERNATIONAL FIELDSCHOOL PROGRAM LISTED HEREIN, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING:**

I am qualified for and desire to participate in the above referenced program. I acknowledge that I am not required to participate in the program and that I am choosing to do so of my own free will.

**ASSUMPTION OF RISKS - POLITICAL INSTABILITY, STANDARDS OF DESIGN, TRANSPORTATION, ETC.**

I understand and agree that there are hazards and risks inherent in international travel and the activities included in the above referenced program, including but not limited to: foreign political, social and economic conditions which are different than Canada and which can change in an unpredictable manner; kidnapping; differing standards of design, safety and maintenance of buildings, public spaces and transportation; varying quality of available medical treatment and differing health, safety, legal, cultural and religious beliefs and conditions, all of which could cause serious personal injury or loss of life to me and or loss or damage to me or my property. I agree to assume all risk for any such personal injury, loss of life, or property loss or damage. Communication in international locations is difficult and in the event of an accident, rescue and medical treatment may not be available. Weather conditions may be extreme and can change rapidly and without warning, making travel by any means hazardous.

I acknowledge and accept that TRU and their staff may be unable to predict whether the foreign location used is safe for travel. I understand that human error, failure to forecast or recognize a hazardous situation, negligence of other travelers or local residents; and **NEGLIGENCE ON THE PART OF OTHER STUDENTS, TRU, OR THEIR EMPLOYEES, INCLUDING THE FAILURE OF TRU OR THEIR EMPLOYEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONALINJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

Initial

**HEALTH CARE COVERAGE** I assure TRU that I am covered by appropriate health, hospitalization and accident insurance providing coverage for medical treatment, medical evacuation and repatriation for the countries I am traveling to. I acknowledge that TRU does not have medical personnel available at the location of the program, during transportation or anywhere in the foreign countries being visited and is not responsible for any medical expense I may incur while abroad. TRU may take any action it considers to be warranted under the circumstances regarding my health and safety. I agree to release TRU from any liability in connection with such action.

**ITINERARY CHANGES AND INDEPENDENT TRAVEL** I agree TRU may, in its sole discretion, make any change in the itinerary or any part of the program it deems necessary. I understand and acknowledge that TRU is not responsible for any disruption in travel arrangements, or any consequent additional expenses that may be incurred there from. I agree that TRU is not responsible for any injury I may suffer while traveling independently before or after the program or during free time.

**ACTS OR OMISSIONS OF OTHERS** I understand and agree that TRU does not represent or serve as agent for and cannot control the acts or omissions of other institutions, transportation carriers, hotels and other suppliers of goods and/or services connected with the program. I agree TRU is not responsible for any personal injury to or loss of life to me or loss or damage to property that may be caused or contributed to by the act or omission of another institution or any of the suppliers of goods and/or services in connection with the program.

**CODE OF CONDUCT** I agree to abide by and that TRU has the right to enforce the TRU academic rules and regulations and TRU's code of student conduct and honour code. TRU may impose disciplinary action in accordance with such rules. If I am expelled from the program, I agree that I will be sent home at my expense with no refund of fees.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT** In consideration of **TRU** and **THE PROVINCE** allowing me to participate in this program, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against TRU and THE PROVINCE and their directors, officers, employees, instructors, agents, independent contractors, representatives, successors and assigns (all of whom are hereinafter referred to as the "RELEASEES") and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in this program, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF INTERNATIONAL TRAVEL, AND TRANSPORTATION REFERRED TO ABOVE. Initial
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in the program;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for all costs they may incur for medical costs, search and rescue, evacuation and litigation resulting from my participation in the program;
4. That this Agreement shall be effective and binding upon my parents, heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
5. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction, and
6. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia. Initial

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the Study Abroad program or the International Field School program other than what is set forth in this Agreement.

**I CONFIRM THAT I AM THE FULL AGE OF NINETEEN (19) YEARS AND I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signature of Applicant \_\_\_\_\_ Signature of Witness \_\_\_\_\_

Print Name Clearly \_\_\_\_\_ Print Name Clearly \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**THIS AGREEMENT MUST BE COMPLETED IN FULL, INITIALLED WHERE INDICATED, DATED, SIGNED AND WITNESSED PRIOR TO PARTICIPATING WITH TRU.**



**INFORMED CONSENT**  
for  
**Assumption of Risks, Release of Liability, Waiver of Claims, Indemnity  
Agreement and Jurisdiction Agreement**  
for  
**International Off-Campus Student Travel**

---

**TO BE COMPLETED BY THE PARENT OR GUARDIAN OF STUDENTS WHO ARE UNDER THE AGE OF 19**

Note: By signing this document, you are waiving certain legal rights, including the right to sue. Please read carefully.

---

**Please print clearly:**

Name of Student Participant \_\_\_\_\_ Student Number \_\_\_\_\_

**Parent or Guardian Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Program Description and Expected Destination:** \_\_\_\_\_

---

TO: **THOMPSON RIVERS UNIVERSITY**  
(Hereinafter referred to as "TRU")

AND TO: **HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA**  
(Hereinafter referred to as "THE PROVINCE")

**DEFINITIONS:**

**In this agreement:**

- a) **The term "participant"** shall apply to students who participate in a TRU Study Abroad, Field School or Practicum program.
- b) The term **"international travel"** shall refer to all forms of land, air, and water based travel in and outside of Canada and shall include all activities, services and use of facilities either provided by or arranged by TRU or in any way related to the course activities included in the Study Abroad, Field School or Practicum program.
- c) The term **"transportation"** shall refer to all forms of on and off road transportation, including TRU owned vehicles, leased vehicles, ferries, airplanes, helicopters, sailing vessels, motorized vessels, and non-motorized vessels either provided or arranged by TRU or in any way related to the travel and course activities included in the Study Abroad, Field School or Practicum program.

Initials: \_\_\_\_\_ Informed Consent Form (Page 1 of 3)

**IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE STUDY ABROAD, FIELD SCHOOL OR PRACTICUM PROGRAM DESCRIBED ABOVE, I ACKNOWLEDGE AND AGREE TO THE FOLLOWING ON BEHALF OF THE ABOVE NAMED STUDENT:**

**INTENTION TO PARTICIPATE**

The student is qualified for and desires to participate in the above referenced program. I acknowledge that he or she is not required to participate in the program and is choosing to do so of his or her own free will.

**ASSUMPTION OF RISKS**

I understand and agree that there are hazards and risks inherent in international travel and the activities included in the above referenced program, including but not limited to: foreign political, social and economic conditions which are different than Canada and which can change

in an unpredictable manner; kidnapping; differing standards of design, safety and maintenance of buildings, public spaces and transportation; varying quality of available medical treatment and differing health, safety, legal, cultural and religious beliefs and conditions, all of which could cause serious personal injury or loss of life to the student and/or loss or damage to him or her or their property. I agree to assume all risk for any such personal injury, loss of life, or property loss or damage. Communication and facilities in international locations may be difficult and

in the event of an accident, rescue and medical treatment may not be available. Local conditions may be unpredictable and can change rapidly and without warning, making travel or assistance by any means hazardous.

I acknowledge and accept that TRU and their staff may be unable to predict whether the foreign location used is safe for travel. I understand that human error, a failure to forecast or recognize a hazardous situation, and/or the negligence of other travelers or local residents may occur.

**I understand that it is not possible for TRU or its EMPLOYEES TO SAFEGUARD OR PROTECT THE STUDENT FROM RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

**HEALTH CARE COVERAGE**

I assure TRU that the student will be covered by appropriate health, hospitalization and accident insurance providing coverage for medical treatment, medical evacuation and repatriation valid for all countries in which they intend to travel. I acknowledge that TRU does not have medical personnel available at the location of the program, cannot provide emergency transportation in the foreign countries being visited, and is not responsible for any medical expense the student may incur while abroad. TRU may take any action it considers to be warranted under emergency circumstances regarding the student's health and safety. I agree to release TRU from any liability in connection with such action.

**ITINERARY CHANGES**

I agree TRU may, in its sole discretion, make any change in the itinerary or to any part of the program it deems necessary. I understand and acknowledge that TRU is not responsible for any disruption in travel arrangements, or any consequent additional expenses that may be incurred because of such changes.

**INDEPENDENT TRAVEL**

I agree that TRU is not responsible for any personal injury, loss of life, or property loss or damage the student may suffer while traveling independently before or after the program or during free time.

**ACTS OR OMISSIONS OF OTHERS**

I understand and agree that TRU does not represent or serve as an agent for and cannot control the acts or omissions of other institutions, transportation carriers, hotels and other suppliers of goods and/or services connected with the program. I agree TRU is not responsible for any personal injury, loss of life to the student or loss or damage to property that may be caused or contributed to by the act or omission of another institution or any of the suppliers of goods and/or services in connection with the program.

**CODE OF CONDUCT**

The student will agree to abide by all TRU policies and understand that TRU has the right to enforce these policies. TRU may impose disciplinary action in accordance with such policies. If the student is expelled from the program, I agree that he or she will be sent home at their expense with no refund of fees.

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

In consideration of **TRU** and **THE PROVINCE** allowing the student to participate in this program, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against TRU and THE PROVINCE and their directors, officers, employees, instructors, agents, independent contractors, representatives, successors and assigns (all of whom are hereinafter referred to as the "RELEASEES") and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that the student may suffer or that their next of kin may suffer as a result of their participation in this program **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT THE STUDENT FROM THE RISKS, DANGERS AND HAZARDS OF INTERNATIONAL TRAVEL, AND TRANSPORTATION REFERRED TO ABOVE;**
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party resulting from the student's participation in the program;
- 3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for all costs that may incur for medical expenses, search and rescue, evacuation and litigation resulting from participation in the program;
- 4. That this Agreement shall be effective and binding upon the parents, heirs, next of kin, executors, administrators, assigns and representatives, in the event of the student's death or incapacity;**
- 5. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction, and**
- 6. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.**

**In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the Study Abroad, Field School or Practicum program other than what is set forth in this Agreement.**

**I, the undersigned, am the legal guardian of the child named above as the Participant ("my child"), and understand and agree that I am aware that there are risks associated with my child's participation in the above noted event.**

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

**(The parent or guardian must first initial each page near the bottom as well as sign this in front of the Witness. The Witness must then sign verifying the parent or guardian's initials and signature.)**

Signature of Parent or Guardian: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20

Signature of Witness: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20

# Media Consent Form

## International Off-Campus Student Travel

Name

Address

Telephone  Email

Field of Study  Year of Study

Yes, I would like to participate in future TRU photo shoots

Comments about your experiences at TRU: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I consent to the use and/or reproduction of all photographs taken of, or including me, and/or information gathered about or including me, by Thompson Rivers University (TRU) or by any nominee of TRU (including any agency, client, publication or other organization or institution in whole or in part, in all forms and media, for distribution to the general public for the purposes of publicity and promotion of TRU.

I further consent to the reproduction or use of the photographs/information with or without my name, and consent that TRU may seek copyright of the photographs/information in their name. In giving this consent, I release TRU and its nominees from liability for any violation of any personal or proprietary right I have in connection with any sale, reproduction or use of the photographs.

I certify that I am 19 years of age or older.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Freedom of Information Consent

### International Off-Campus Student Travel

I hereby consent to Thompson Rivers University and its representatives, collecting, using and disclosing the following information to the following persons/organizations for the following purposes:

INFORMATION	TO WHOM	PURPOSE OF DISCLOSURE
Status at TRU - Attendance - Whether attending TRU	Canada Immigration Canada Border Services RCMP Law enforcement agencies Sponsoring organization	- To ensure compliance with Study Permit. - Verify student status - Inform of student academic standing and progress.
Academic Information - Academic Status - Whether attending TRU - Grades and GPA	Family and/or legal guardian Educational Agency Sponsoring Organization TRU Academic Administration & Student Affairs	- Verifying student academic progress and standing; Making knowledgeable decisions as to continuation of program for their son or daughter.
Address phone numbers, e-mail address and other coordinates	Canada Immigration RCMP B.C. Medical Services Plan Family and/or legal guardian TRU Academic Administration & Student Affairs	- Ability to communicate with student. - Contact purposes. - Confirm health & safety
Medical and Well-being	Family and/or legal guardian TRU Student Affairs TRU Academic Administration & Student Affairs	- Ensuring support systems are available to student when required.
Past Behavioral Concerns, misconduct, alleged misconduct and disciplinary proceedings.	Host Family, Immediate Family, RCMP, Student Residence, Academic Administration & Student Affairs	- Safety and well-being of all involved. - Disciplinary proceedings

**I have read the above, understand it, and agree to it.**

Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Today's date: (M/D/Y) \_\_\_\_\_



[Name of International Trip Here]

[Department Name Here]

**BEHAVIOUR CONTRACT**

In consideration for being permitted to participate in the above named (*International Trip*) I,

\_\_\_\_\_ (name), hereby agree to and understand the following statements:

- Payment of the deposit and completion of the required forms are evidence of my commitment to participate in the above named (*International Trip*). I understand that withdrawal from the course for any reason will result in forfeiture of the deposit and any expenses TRU may have incurred on my behalf.
- TRU reserves the right to decline any application or to cancel the (*International Trip*) without notice, in which event all money paid will be refunded in full.
- I will pay the tuition, fees, and pre-paid expenses of the (*International Trip*) as disclosed. I understand that financial commitments abroad are made in advance on the assumption that students are enrolled for the full program. It is understood and agreed that I will pay any personal expenses, or expenses not included in the International Trip, as well as any deficit occasioned by factors and circumstances not now known (e.g., an increase in cost of room and board or travel or exchange rate variances).
- I will complete the International Trip from the first formal organizational meeting for the trip to the end of the last examination and project.
- I will accept unconditionally the authority of the designated International Trip faculty or Program Facilitator of TRU throughout participation in the International Trip.
- I understand that I am a representative of TRU, and that my actions and behaviours reflect on TRU and its partner relationships. I am prepared to assume this “Ambassadorial” role and understand my role is to represent TRU honourably and respectfully during each step of the International Trip process.
- The International Trip faculty or Program Facilitator, in consultation with the appropriate TRU Dean and/or Associate Director, has the authority to terminate, at any time, my International Trip participation if my continuation would be detrimental to me, to others, to TRU, or to any international host organizations. The termination decision is made at the sole discretion of the above named employees of TRU and their decision is final. Return travel and any other expenses due to such program termination are my responsibility.
- **I understand that attendance at a Study Abroad Risk Management seminar is mandatory prior to my departure from Canada. Failure to attend will automatically cancel my ability to participate in the International Trip.**
- I will pay the tuition and all other designated fees for the International Trip to TRU prior to my departure from Canada if applicable.
- I understand that accommodation abroad is of differing standards, and may not be similar or comparable to Canadian housing, and agree that I must adjust my expectations accordingly. I will accept the housing and living arrangements made for the International Trip and abide by the regulations governing the conduct of students in these lodgings. I agree to pay for any damages for which I am responsible.
- I will conduct myself in such a way as to reflect favourably upon TRU and Canada, and to undertake seriously my academic assignments. I recognize that I am required to attend all scheduled classes and course activities associated with the International Trip. It is not permitted, nor accepted, that I consider myself “special” and elect to miss academic obligations for any reason.

- I understand that my behaviour must be in accordance with the laws of the country(s) which I will visit, the rules and regulations of the host organizations, and TRU's policies.
- International travel and the challenges of adjusting to living in a different country can be stressful. Often, these stresses can escalate existing health problems. I pledge that either I have no serious existing or past medical conditions – or that **I have sought medical and/or counselling advice** regarding any and all serious medical conditions that impact my health, and have received medical approval to travel.
- I grant the TRU faculty and/or Program Facilitator accompanying the International Trip full authority to take whatever action she (he) deems warranted under the circumstances for my health, safety, evacuation and welfare including but not limited to assisting with arrangements for medical treatment and my transportation home. I will pay any additional costs incurred in all such events.
- I authorize release of medical records held by the TRU Health Service or any hospital, clinic, or doctor to the designated representative of TRU should a medical necessity arise. I, the participant, hereby authorize the designated representative of TRU, at her or his discretion, to notify and make full disclosure to my designated emergency contact. I agree to carry at least \$1,000,000 in Out of Canada medical insurance for the duration of my time out of the country.
- I am aware that there may not be the same type of support structure that is available on the TRU campus during the International Trip. TRU assumes that students who apply to participate in an International Trip consider themselves to be emotionally mature and aware of what is considered proper behaviour, and, therefore do not need specific rules for every situation but will follow their good judgment and abide by TRU policies.

**Acknowledgement by Participant:**

I have read this International Trip Behaviour Contract and fully understand each of the statements contained in this document. I sign this agreement voluntarily and with full knowledge of its significance.

**The participant must sign this document in the presence of the International Trip Faculty member or Program Facilitator.**

\_\_\_\_\_  
Participant's Name (print)

\_\_\_\_\_  
Participant's Student Number

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty/Program Facilitator - Name (print)

\_\_\_\_\_  
Faculty/Program Facilitator Signature

\_\_\_\_\_  
Date