



WAIVER AGREEMENT FOR STUDENT FIELD TRIPS

In consideration of being permitted to participate in field work/activities outside the classroom environment, I acknowledge that certain risks are inherent therein and I am willing to undertake the risks usually associated with such activities, including the following:

- A. I warrant that I am in a satisfactory state of fitness, health and immunization for the purposes of travel and to participate in field research;
- B. I warrant that I will bring the appropriate personal field clothing, equipment, safety equipment and personal first aid supplies to support my research whilst in the field;
- C. That I have received the appropriate information (see Appendix A) and have an informed understanding regarding the risks associated with, including an assessment of risks for field research materials, training, environment and provide my consent to the means for dealing with such risk and appropriate control measurements for dealing with them;
- D. That I have been informed about the general nature, requirements and location of any field research before starting the field research program;
- E. That I have been informed and understand the chain of responsible team leadership and procedures for contacting the University to obtain assistance in a crisis situation and that I will report any identified risk to the team leaders or academic supervisor and to report all accidents, illnesses or emergencies to the team leaders.

I further agree to abide by the rules and regulations of the field activities and I recognize the right and responsibility of team leaders to exercise personal judgement in acting to avoid harm in situations of apparent danger. I further agree to practice due diligence and will work safely and in a manner to prevent harm to myself or to others. I agree to comply with all local legislation.

I agree that The Governing Council of the University of Toronto (the University) shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these field activities, unless such injury, loss or damage is caused by the negligence of the University or its employees or agents while acting within the scope of their duties.

The University does not maintain any accidental death, disability and dismemberment insurance on behalf of students participating in field trips. I am aware that it is my responsibility to maintain hospitalization insurance coverage (OHIP) and travel health insurance.

I have read and understand the above and agree to comply with the instructions and conditions listed.

Date: _____

Name: _____ **Student Number:** _____

Signature: _____

Emergency Contact (Name, Phone Number, Address):



Appendix A

(to be completed by supervising Faculty member)

Name of Field Trip: _____

Date of Field Trip: _____

Course (if teaching): _____

Purpose of Field Trip:

Specific Risks Associated with Field Trip:

i.	
ii.	
iii.	
iv.	
v.	
vi.	
vii.	
viii.	
ix.	
x.	
xi.	
xii.	
xiii.	
xiv.	
xv.	