

The following forms should be completed by participants who are engaging in any Off-Campus Activity, and should be used in conjunction with Laurier's Off-Campus Activities Program.

An activity is an Off-Campus Activity if it is undertaken in the name of the university, organized and sanctioned by Laurier. For more information on what constitutes an Off-Campus Activity, please refer to section 3.0 of the Off-Campus Activities Program.

- All participants should complete the ***Acknowledgement and Assumption of Risk for Off Campus Activities*** Form.
- If the Off-Campus Activity has been deemed to have a *Medium* or higher risk level as per the guidelines of the Laurier Off-Campus Activities Risk Assessment, as completed by the Activity Coordinator, all participants should complete **FORM A - *Elevated Risk or International Travel*** and attach.
- If the Off-Campus Activity pertains to an Exchange Trip, or Field Work, please complete the appropriate forms and attach.
- Once completed, the forms should be returned to the Activity Coordinator and retained by the department/program where the Off-Campus Activity originated. Unless required to be retained, all documents and forms should be confidentially destroyed when no longer required, which will usually be at the end of the academic term or year in which the Off Campus Activity occurs.

Copies of the Risk Management Safety Planning Record (if applicable) and Field Activity Safety Plan (if applicable) must be made available for review by the participants.

All documentation should be collected, used, stored and disclosed in accordance with university policy [10.1 Information Availability and Privacy Protection](#) which can be found on the Laurier website under Governance/Policies.¹

Questions or concerns as to the correct use of these forms should be directed to Safety, Health, Environment & Risk Management for assistance (wlu.ca/sherm). Any questions or concerns regarding the information being requested should be directed to Laurier's Privacy Office located in the University Secretariat's Office.

¹ The information on these forms are collected under the authority of The Wilfrid Laurier University Act 1973, as amended, and is needed for use in the event of a medical or other emergency. If you have any questions about Laurier's collection, use, or disclosure of this information, please contact the University Secretariat, Privacy Office, 519-884-1710 ext. 2047.

Acknowledgement and Assumption of Risk for Off Campus Activities

SECTION A: Participant Details			
FULL LEGAL NAME: <i>(as it appears on passport)</i>		PARTICIPANT ID:	
PLACE OF BIRTH:		CITIZENSHIP:	
DEPARTMENT/FACULTY/UNIT/STUDENT GROUP:			
NAME/LOCATION OF OFF-CAMPUS ACTIVITY:			
OFF-CAMPUS ACTIVITY LEADER:		CATEGORY OF ACTIVITY:	
Name:		<input type="checkbox"/> Academic	<input type="checkbox"/> Research
Position:		<input type="checkbox"/> Athletic	<input type="checkbox"/> Student Group
		<input type="checkbox"/> Other: _____	
CATEGORY OF PARTICIPANT COMPLETING FORM: <i>(check all that apply)</i>			
<input type="checkbox"/> Faculty		<input type="checkbox"/> Undergraduate Student(s)	
<input type="checkbox"/> Postdoctoral Fellow		<input type="checkbox"/> Volunteer(s)	
<input type="checkbox"/> Staff		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Graduate Student(s)			
DATE OF DEPARTURE:		DATE OF RETURN:	

SECTION B: Declaration
<p>I am aware that during the off campus activity, research activity, field trip, exchange or other excursion in which I am participating under arrangements with Wilfrid Laurier University (Laurier), certain risks and dangers may occur, including, but not limited to, the hazards of traveling by air, train, and automobile or other means; accidents or illness in remote places without easy access to medical facilities; forces of nature; and exposure to customs and practices of societies different from our own. Accordingly, I understand that despite its efforts, Laurier may not be able to ensure my complete safety at all times from any and all risks and dangers. I agree to take all reasonable protections to ensure my personal welfare.</p> <p>I acknowledge that Laurier does not carry medical, accident or injury insurance for my benefit. I acknowledge that Laurier does not provide insurance coverage for private or rented vehicles used for an Off Campus Activity. If I wish to have such coverage, it is my sole responsibility to acquire it.</p> <p>I understand there may be accidents, injuries or losses for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from my education/work/research, 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 will not ask Laurier 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.</p> <p>I have familiarized myself with 12.2 Laurier's Student Code of Conduct and Discipline and/or the applicable employee group handbook, and agree to abide by the policies, procedures and practices of Laurier.</p> <p>I acknowledge that Laurier discourages participants from working alone while completing fieldwork or other remote activities and that I am responsible for letting others know of my location at all times while participating in such activities. I understand have the right to refuse assignments that I consider unsafe.</p>

SECTION C: Signatures and Approvals

PARTICIPANT:

Date: _____

My signature below is given freely in order to indicate my participation in the above mentioned Off-Campus Activity.

Name (please print clearly)

Signature

WITNESS:

Date: _____

Name (please print clearly)

Signature

FORMS CHECKLIST

Please complete any additional forms that apply:

ELEVATED RISK OR INTERNATIONAL TRAVEL

- Complete **FORM A** if the Off Campus Activity is a *Medium* or higher risk activity or involves international travel

EXCHANGE TRIP

- Complete **FORM A**;
- Complete and attach **FORM B**; and
- Attach your department specific forms to **FORM B**.

FIELD WORK

- Please complete **FORM A**; and
- Complete and attach **FORM C**.

The information on these forms are collected under the authority of The Wilfrid Laurier University Act 1973, as amended, and is needed for use in the event of a medical or other emergency. If you have any questions about Laurier's collection, use, or disclosure of this information, please contact the University Secretariat, Privacy Office, 519-884-1710 ext. 2047.

SECTION A: Participant Details	
PARTICIPANT CONTACT INFORMATION:	
E-mail: <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/>
Phone: <input style="width: 90%;" type="text"/>	
PARTICIPANTS EMERGENCY CONTACT INFORMATION:	
Name: <input style="width: 90%;" type="text"/>	Home Phone: <input style="width: 90%;" type="text"/>
Relationship: <input style="width: 90%;" type="text"/>	Work Phone: <input style="width: 90%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	Cell: <input style="width: 90%;" type="text"/>
MEDICAL INSURANCE INFORMATION:	
OHIP Number <i>(if applicable)</i> : <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Other Health Insurance Plan
Primary Care Provider: <input style="width: 90%;" type="text"/>	Plan Type: <input style="width: 90%;" type="text"/>
Care Providers Phone: <input style="width: 90%;" type="text"/>	Plan Number: <input style="width: 90%;" type="text"/>
Complete below section <u>only</u> if Other Health Insurance Plan selected and is not in the participant's name.	
Policy Holder Name (if not participant): <input style="width: 90%;" type="text"/>	
<i>Policy holder warrants that additional Health Insurance shall remain for the duration of the trip.</i>	
_____	_____
<i>Signature</i>	<i>Date</i>
IDENTIFICATION OF DISABILITIES/SPECIAL NEEDS/MEDICAL NEEDS:	
Do you have a disability/medical need that would affect your safe participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details of arrangements that could be made to accommodate the special/medical needs:	
Do you have any allergies (e.g., bee stings, peanut, drug) that would affect your safe participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate the provisions that should be made to deal with an allergic reaction should it arise:	

SECTION B: Acknowledgement Checklist *(as applicable)*

SAFETY PLANS: *(please read and check box)*

- I acknowledge that I have reviewed the Risk Management Safety Planning Record and/or Field Activities Safety Plan (if applicable) for this Off-Campus Activity.

EXPENSES: *(please read and check box)*

- I agree that I am solely responsible for all expenses (accommodation, phone/fax/email, transportation etc.) relating to my trip at the university/agency, unless otherwise arranged.

EMERGENCY: I consent to Laurier... *(please read and check box)*

- contacting my Emergency Contact as listed above,
- contacting me using the information given, or
- disclosing my personal information

...in the event of an emergency or as may be reasonably required.

FOR INTERNATIONAL TRAVEL: *(please read and check boxes if applicable)*

- I am aware that it is my responsibility to ensure I have satisfied any entry requirements to the country(ies) I will be visiting.
- I acknowledge that I was offered a pre-departure information session hosted by Laurier International or the Department with which I am affiliated. I acknowledge that I have completed all pre-departure training as required by my affiliate Department and have registered on-line with Canadian Department of Foreign Affairs, Trade and Development. I have been advised by Laurier of various aspects of international travel, potential risks and dangers, as well as the need to act in a responsible manner at all times.\
- I am aware that it is my responsibility to ensure I have valid passport and/or visa (if applicable). All required pieces of documentation are signed and will not expire prior to the return date of the activity.
- I agree to respect the laws and the customs of the host country; to complete a pre-departure medical exam and any required immunization; avoid participation in activities in opposition to the government of the host country; to monitor Department of Foreign Affairs, Trade, and Development Canada Travel Reports for my particular host region; and to follow any directive issued by the Canadian Government, the granting agency or Laurier. I understand that failure to comply with these requirements may put my personal safety at an increased risk.

SECTION C: Signatures and Approvals

PARTICIPANT:

Date: _____

Name (please print clearly)

Signature

ACTIVITY COORDINATOR:

Date: _____

Name (please print clearly)

Signature

SECTION A: Fieldwork Summary

OFF-CAMPUS FIELD ACTIVITY LEADER:

Name:	Home Phone:
Position:	Cell:
Work Phone:	E-mail:

SECTION B: Signatures and Approvals

PARTICIPANT:

Date: _____

I acknowledge that I have read and reviewed the site-specific safety plan with the Field Activity Coordinator. I acknowledge that field work may present additional risks to my safety and that I am responsible for minimizing those risks by understanding the safety plan at all times. I understand that in remote areas, emergency assistance may be difficult to summon on an urgent basis and that at least one participant shall be have up-to-date first aid training and carry a first aid kit.

Name (please print clearly)

Signature

FIELD ACTIVITY COORDINATOR:

Date: _____

Name (please print clearly)

Signature