



Acknowledgement of Risk and Responsibility

I am aware that during the work/study/field-trip/research program in which I am participating, approved and/or arranged by the University of Waterloo (UW), certain risks and dangers may occur, including, but not limited to, the hazards of travelling, accidents, natural disasters or illness. I understand the university is not able to ensure my safety from such risks and dangers.

I acknowledge that the UW does not carry any insurance coverage, which would be available to me in the event of death, injury or loss while engaged in these activities (*See Note*); if I wish to have such insurance coverage, or additional health insurance, it is my responsibility to acquire it. It is also my responsibility to notify my provincial Ministry of Health or other provincial agencies (in Ontario this is OHIP), if I will be out of the province for more than 212 days. [For those who have purchased the UW Health Plan:] In the event of a medical emergency, I will contact Worldwide Assistance for medical and payment assistance (see wallet card to be kept on your person).

I acknowledge that I have completed research into the location I am going to and affirm that I understand what is required concerning medical, health, wellness,safety, legal and cross-cultural considerations for preparing for a trip.

I acknowledge that prior to departure I have submitted both the *Emergency Information form* and the *Risk and Responsibility form*; and attended a *UW Pre-departure briefing* from my advisor (for all locations) and been informed on various aspects of travel, potential risks and dangers, as well as the need to act in a responsible manner at all times.

I acknowledge that I have read the excerpt on University Jurisdiction:
<http://www.ucalendar.uwaterloo.ca/0708/UW/jurisdiction.html>

I acknowledge that I am expected to abide by the policies, procedures and practices of the university/ agency/location where I am studying or working; and that I am solely responsible for all expenses (accommodation, phone/fax/email) relating to my stay at the university/agency/location, unless otherwise arranged.

I have informed my designated emergency contact regarding all aspects of this program, including the nature of possible risks.

Signature _____ Print Name _____

Date _____

Note: All uWaterloo students must be covered by a provincial health care plan, UHIP or an approved equivalent plan to UHIP. This provides coverage for physician and hospital expenses up to the varied maxima of these plans. In addition, all uWaterloo students are required to participate in the Student Supplementary Health Insurance Plan (SSHIP) of the University of Waterloo which includes up to 150 consecutive calendar days of out-of-Canada coverage. Students however, can declare equivalent coverage and opt out of the SSHIP.

My signature above indicates that I have checked my out of Canada coverage under the SSHIP of the University or an equivalent plan and consider it to be appropriate for the risks I know I will be facing.

Purpose of travel: co-op work term research field work other

Name of Advisor/Field Work PI/Supervisor: _____

Advisor Pre-departure Orientation Session Attended: **Date:** _____

STUDENT SHALL RETAIN COPY UNTIL THEY RETURN TO CAMPUS AND IS RESPONSIBLE FOR RETURNING SIGNED FORM PRIOR TO DEPARTURE TO THEIR ADVISOR AND (FOR INTERNATIONAL LOCATIONS) TO WATERLOO INTERNATIONAL, NEEDLES HALL 1101; fax 519-888-4355 ADVISOR/PI/SUPERVISOR SHALL ARRANGE FOR ONE SIGNED COPY TO BE RETAINED IN DEPARTMENTAL RECORDS FOR THREE (3) YEARS AFTER THE EVENT FOR LEGAL REFERENCE AUDIT OR UNIVERSITY REVIEW.