

**STATEMENT OF RISKS AND
TERMS OF TRAVEL**

PLEASE READ CAREFULLY!

PREAMBLE

This study tour, field trip, exchange program, internship, clinical placement or practicum (the “Program”) is an exceptional educational opportunity but it comes with certain risks, dangers, hazards and potential liabilities to participants. These risks include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and the possibility of the Program’s cancellation or curtailment. All participants taking part in this Program are required to accept these and other risks as a condition of their participation.

This statement of risks and terms of travel document (the “Statement of Risks”) is intended to enable participants to better understand the various risks involved in the Program and to outline certain terms and conditions involved with participation in the Program. All participants will be required to sign this document and an *Assumption of Risk, Release of Liability and Indemnity Agreement*, a copy of which is attached hereto as Appendix “A”. Please note that the Assumption of Risk, Release of Liability and Indemnity Agreement will release the University of the Fraser Valley (“UFV”) from any future claims which might arise as a result of the participant’s involvement in the Program.

STATEMENT OF RISKS

Program participants may be subject to risks, anticipated and unanticipated, that could result in injury, disease, illness and death to participants and others involved in the Program, and as well as damage to or loss of property. Potential risks may include but are not limited to cuts, bruises, sprains, strains, burns, fractures, disease, illness, heat injuries, paraplegia, quadriplegia, brain injury, assault, physical and mental injury, and death which may arise from accidents or incidents associated with the Program.

The Program involves the risks inherent in international travel. These include, but are not limited to, the possibility of poor motor vehicle safety practices and poor transportation systems; tropical and communicable diseases; lack of medical facilities and available medical treatment; injuries from crime and violence; and exposure to dangerous insects or animals.

The majority of the Program will take place in [_____].
[_____]

During the Program, UFV will use and rely upon the services of independent travel agents, transportation carriers, hotels, and other suppliers of goods and/or services. UFV does not accept responsibility for the conduct of these independent agencies. It is always possible that the Program might not be completed, or that individual courses or activities may be curtailed or cancelled, due to weather, illness, political disturbances, terrorism, motor vehicle or transportation accidents, transportation problems, political or ethnic violence, failure to perform on the part of the travel agents or transportation carriers, problems relating to customs, immigration or visa requirements, or other circumstances beyond the control of UFV.

All participants will be required to attend pre-departure briefings related to the Program to assist students in minimizing and mitigating potential risk and disruption during the course of the Program. It is the responsibility of each participant to learn as much as possible about the risks of the Program, to weigh those risks against the advantages, and to decide whether or not to participate. If, during the Program, the participant does not fully understand or does not have complete confidence in his or her abilities to

undertake a related procedure, activity or task that is to be undertaken, then it is the participant's responsibility to advise the instructor accordingly or to ask the instructor for further clarification.

TERMS OF TRAVEL

HEALTH CARE COVERAGE

I assure UFV 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 UFV 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. I acknowledge that UFV may take any action it considers to be warranted under the circumstances regarding my health and safety.

HEALTH AND SAFETY

I understand that if I have particular medical or dietary needs, or have any health factors or conditions that require accommodation, then I must advise the Program lead or course coordinator. Further, I understand that it is my responsibility to carry all necessary medications, and an adequate supply of such medications, while taking part in the Program.

I assure UFV that I have provided my designated emergency contact with copies of my personal information including my passport information, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (for example, medical conditions) that might be of significance to UFV or any physician or hospital that may be treating me in an emergency situation. I assure UFV that I have informed my emergency contact regarding all aspects of the Program, including the nature of possible risks.

ITINERARY CHANGES

I agree UFV 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 UFV is not responsible for any disruption in travel arrangements, or any consequent additional expenses that may be incurred there from.

PERSONAL OR INDEPENDENT TRAVEL

I understand that UFV is not in any way responsible for my well-being with respect to any travel destinations beyond those specifically required under the Program that I may choose to undertake before, during or after the Program. Any travel that is not specifically required for the Program will be deemed personal or independent travel, which I will undertake as a private citizen. While on personal or independent travel, I acknowledge and agree that I am solely responsible for making my own travel arrangements and making my own decision regarding personal safety. I agree that UFV is not responsible for any injury I may suffer while on personal or independent travel before or after the Program or during free time.

ACTS OR OMISSIONS OF OTHERS

I understand and agree that UFV 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 UFV 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.

STANDARDS OF CONDUCT

I understand that each host country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, alcohol use and behavior. I agree that it is my responsibility to become informed of, and agree to abide by, all such laws and standards for each country to or through which I will travel during the Program.

I agree to comply with UFV's policies and procedures, the host institution's policies and procedures, and any rules or instructions that may be issued by UFV during the Program. I understand that there are potential consequences should I choose to not follow policies, procedures, rules or instructions.

I agree that should my behavior fall below that expected of a UFV student, then UFV may impose restrictions, including but not limited to removal from the Program, for violating these standards or for any conduct detrimental to or incompatible with UFV policy or the Program.

I acknowledge and agree that if my participation in the Program is terminated because of conduct issues, I may be sent home at my own expense with no refund or fees. Should I refuse to return home, then I will be deemed to be on personal or independent travel, as a private citizen.

ACKNOWLEDGEMENT

I understand that it is my responsibility to learn as much as possible about the risks of this Program and to weigh those risks against the advantages, and to decide whether or not to participate.

By signing below, I acknowledge and agree that I have read this *Statement of Risks and Terms of Travel* document, fully understand all the risks as outlined herein, and had the opportunity to ask questions about such risks and the terms of travel. Further, I agree to act in accordance with the terms and conditions outlined herein.

Signature of Participant:	Signature of Witness:
Date:	Witness (Print Name):



APPENDIX "A"

**ASSUMPTION OF RISK, RELEASE OF LIABILITY AND
INDEMNITY AGREEMENT**