



ST. THOMAS MORE COLLEGE
UNIVERSITY OF SASKATCHEWAN

Spring Session in Ukraine, May 10 – June 28, 2011

ASSUMPTION OF RISKS AND RESPONSIBILITY,
RELEASE OF LIABILITY, WAIVER OF CLAIMS,
AND INDEMNITY AGREEMENT

To: The University of Saskatchewan and St. Thomas More College

Name: _____

Address: _____

ASSUMPTION OF RISKS AND RESPONSIBILITY:

I am aware that the University of Saskatchewan/St. Thomas More College *Spring Session in Ukraine, May 10 – June 28, 2011*, including any personal travel extensions (hereinafter referred to as "the Session") involves inherent risks, dangers and hazards including but not limited to the following: risks associated with international travel including common crime and/or violence; remote locations (either by time or distance or both); risks resulting from travel to and from these areas; travel by automobile and bus while on or off road, watercraft, or aircraft; extreme environmental conditions (including temperature extremes, strong winds, rain, air pollution and thunderstorms); possible encounter with insects; biological and chemical hazards (including disease, contaminated water, food spoilage and toxic plants); and potential war and/or terrorist risks. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

I further understand that it is my responsibility to abide by all applicable University policies, the laws of the country, and to ensure I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

I recognize that in the event of a general civil emergency the University of Saskatchewan and St. Thomas More College, through the Government of Canada, will endeavour to assist their students.

It is understood that the Session can require my withdrawal from the Session for reason of illness or conduct unbecoming a student of the University of Saskatchewan and/or of St. Thomas More College, and will be the sole authority in exercising that judgment. I understand that I am responsible for any additional expenses incurred as a result of withdrawal from the program.

I understand that this agreement cannot be modified nor interpreted except in writing by the University of Saskatchewan and St. Thomas More College and that no oral modification or interpretation shall be valid.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of approval to participate in the Session, I hereby agree as follows:

Initial TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the University of Saskatchewan and St. Thomas More College and their Boards of Governors, directors, officers, employees, and representatives (all of whom are hereinafter collectively referred to as "The Releasees");

Initial TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the Session, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE. It is my responsibility to ensure I have adequate medical, personal health, dental

_____ and accident insurance coverage, as well as protection for my personal possessions;
Initial TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage
to property of, or personal injury to, any third party, resulting from my participation in the Session;

_____ This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns
Initial and representatives in the event of my death or incapacity;

_____ In entering into this Agreement, I am not relying upon any oral or written representations or statements made
Initial by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT 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 AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. (Participants under 18 years of age must have a parent or legal guardian sign this document.)

Signed this _____ day of _____ 2011

Participant signature

Witness signature

Print participant name clearly

Print witness name clearly

Signature of parent or legal guardian if
participant is under 18 years of age

Print name of parent or legal guardian and
indicate relationship to participant

This agreement must be completed in full, signed, dated, witnessed and initialed before participant may begin the Program. The form must be submitted with application.