



Department of Sociology

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

Student Name:		Student Email:	
Student Number:		Destination Country:	
Supervisor:		Main/Closest City:	
Purpose of Trip:		Other City:	
Date Arrive:		Date Return:	

I am aware that during field trips or other excursions in which I am participating under the arrangement of *The University of Western Ontario*, certain risks and dangers may occur, including but not limited to the hazards of traveling, accidents or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means as well as exposure to customs and practices of societies different from our own. Accordingly, I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers.

More particularly, I appreciate *The University of Western Ontario* does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from my education 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 not to ask the University 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.

I acknowledge that I have been advised by *The University of Western Ontario* of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding and acceptance of these realities and in consideration for being permitted by the University to participate in the above mentioned event/field trip.

This agreement must be completed in full, signed, and dated before the participant may participate in the event/field trip.

Signature of Participant

Date

Signature of Supervisor

Date

The information on this form is collected under the authority of *The University of Western Ontario Act, 1982*, as amended, and is needed for the administration of field trips. If you have any questions about the University's collection, use, or disclosure of this information, please contact the Corporate Insurance Administrator, Support Services Building, Room 5100 (tel: 519-661-2111 x81135).

Please submit original to Graduate Program Office (SSC 5312). In cases where a supervisor will be travelling with the student, your emergency information will be made available to them for emergency purposes only.