



**NOTE: The Safety Abroad Office cannot accept forms with any empty fields.**

(Name of department, indicate level of study)

Consent Form and Release from Liability for \_\_\_\_\_

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Dates of U of T sponsored travel (departure AND return) including any amendments to dates of travel agreed upon by both parties: \_\_\_\_\_

Institution affiliated with abroad OR destination: \_\_\_\_\_

All students participating in \_\_\_\_\_ (Type of activity, internship, conference, research) through \_\_\_\_\_ (Name of Department) and the University of Toronto, as described in the various program materials and orientation meetings, are doing so on a VOLUNTARY basis. These exchanges are in OTHER COUNTRIES and may involve SIGNIFICANT RISKS such as travel to and from and living in a foreign country under different conditions of public or private health, sanitation, communication, infrastructure, politics and environment.

I understand that my participation in \_\_\_\_\_ (Type of activity) requires a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and I hereby WARRANT BEING PHYSICALLY FIT AND ABLE TO PARTICIPATE and understand that I am ASSUMING THOSE RISKS AND RESULTS which are part of these activities including the laws, customs, living conditions and health standards existing in the country or countries where I will travel and study. I acknowledge that I have been strongly encouraged to consult with my medical care providers and a Travel Medical Clinic before leaving Canada. I further understand that my information will be shared between University officials with student wellbeing responsibility, and the Safety Abroad Office, in support of my safe participation.

I understand there is NO INSURANCE COVERAGE provided by the \_\_\_\_\_ (Name of Department) or the University of Toronto. It is my responsibility to arrange any such coverage as required, for loss or damage to any personal property. I confirm that I have arranged MEDICAL INSURANCE for the duration of my travel abroad, and that I have provided proof of such insurance to the University. I am aware that health insurance may not cover all aspects of travel, including but not limited to high risk activities, injury caused by civil war and natural disasters, long-term disability and health care. In providing proof of insurance to the University, I recognize that the University does not make any claims regarding the adequacy of the medical insurance coverage and that all decisions regarding the appropriateness of my medical insurance are solely at my discretion.

I, the UNDERSIGNED, hereby acknowledge that certain RISKS OF PERSONAL INJURY OR PROPERTY LOSS are inherent to my participation in research abroad. Risks may be minor or serious and may result from my own actions or the actions or inactions of others, or a combination of both, or may be beyond control (such as the risk of illness, disease, war or violence).



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**IN VIEW OF MY VOLUNTARY ASSUMPTION OF ALL RISKS**, I agree for myself, and my family, heirs and executors that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO, and its officers, employees, agents and assigns shall not be liable for any injury to my person, illness, loss or damage to my personal property, or any consequential damages arising in any way resulting from my participation in research abroad.

Without limiting the generality of the above, this RELEASE FROM LIABILITY includes any ILLNESS, ACCIDENT, SICKNESS, CANCELLATION, DELAY, ALTERATION, OR INCONVENIENCE suffered or incurred by me or any person in consequence of or in any way related to research abroad and my studies abroad or while being transported from or to Canada, including any claims resulting from the operation of a motor vehicle, or motorcycle/mobylette in any other country.

***Notice of Collection – Freedom of Information and Protection of Privacy***

The University of Toronto respects your privacy. The information on this waiver is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering safety support services while travelling abroad and informing the participant of their responsibilities to the University of Toronto while abroad. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-5835, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M53 1A1.

**I HAVE READ AND UNDERSTOOD THE ABOVE CONSENT AND RELEASE FROM LIABILITY IN ITS ENTIRETY AND AGREE TO BE BOUND BY THESE TERMS AND HEREBY CONSENT TO PARTICIPATE ACKNOWLEDGING ALL OF THE FOREGOING.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness  
(Mandatory, not staff or faculty at U of T)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Safety Abroad Office/Date

Return to the Safety Abroad Office at: [safety.abroad@utoronto.ca](mailto:safety.abroad@utoronto.ca) or  
The Cumberland House, 33 St. George St. Toronto, Ontario M5S2E3



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**Terms for Participation in \_\_\_\_\_ (Type of activity) ABROAD**

Before participating in \_\_\_\_\_ (Type of activity), the undersigned (hereafter referred to as STUDENT), must agree to the following terms and conditions:

**Registration/Academic Regulations**

- While participating in \_\_\_\_\_ (Type of activity), STUDENT will be subject University of Toronto academic and non-academic regulations and policies, such as the Code of Student Conduct and the Harassment Policy.
- \_\_\_\_\_ (Name of Department) reserves the right to suspend the program, including activities already in progress, due to health and safety concerns and changes in the Canadian Foreign Affairs' Country Advisory.

**Program Regulations**

STUDENT understands that he/she is responsible for:

- familiarizing oneself with and acknowledging the risk of the particular out-of-country activity, taking appropriate precautions as needed;
- making a self-assessment regarding appropriateness of participation;
- providing written acknowledgement and consent to the risks and terms of participation, as detailed by the Consent form;
- attending preparatory briefings and completing all designated training sessions;
- updating the Safety Abroad Database with personal information as required
- obtaining appropriate immunization and medical advice, sufficient health insurance and appropriate travel documents;
- acting safely and in a responsible manner and exercising good judgment at all times to prevent harm to self and to others;
- follow the travel safety advice as outlined by the Foreign Affairs Advisory and the Safety Abroad Office;
- AVOIDING all regions where Foreign Affairs has issued a warning against non-essential travel and all travel;
- reporting any newly identified hazards to the onsite supervisor or Safety Abroad Office;
- in the event of an emergency (personal or regional) or crisis, follow the instructions of the on-site supervisor and Safety Abroad Office;
- reporting all incidents in a timely manner to the on-site supervisor or Safety Abroad Office.

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Additional expectations of STUDENT:

- availability to make a contribution to the program/ community in which they are registered;
- ability to live and study in collaborative, cooperative community setting;
- ability to adapt to changing environments and to tolerate the physical, emotional and mental demands of the program;
- not place an excessive burden upon the host community, fellow students, or program staff or faculty.

**Costs**

- It is STUDENT's responsibility to cover any additional expenses;
- It is mandatory that STUDENT obtain medical insurance for the duration of the travels abroad;

I have read and understood the above conditions related to participation in the \_\_\_\_\_ (Type of activity) in their entirety, and agree to be bound by these terms and hereby consent to participate acknowledging all of the foregoing. Failure to comply may result in my termination from the program.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness  
(Mandatory, not staff or faculty at U of T)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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