

ROYAL ROADS UNIVERSITY INFORMED CONSENT AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE YOU ASSUME THE RISKS ASSOCIATED WITH THE EVENTS DESCRIBED HEREIN IN THE TITLE AND BODY OF THIS DOCUMENT.

Participant's name: (herein after called 'Participant')	Last	First	Initial
Participant's address:	Street		
	City	Prov.	Postal Code
Date of birth:	Program Dates		

PREAMBLE

Royal Road University and (NAME OF FACULTY/SCHOOL), their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereinafter refer to as "The Releasees) are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in (NAME OF FIELD TRIP) and all related activities of (insert name of Trip), including injury, loss or damage which might be caused by the negligence of THE RELEASEES

I understand and acknowledge the preamble above- (initial box):

(NAME OF FIELD TRIP) includes transportation to and from Royal Roads University by bus, visits to (This section should include a short summary of the itinerary, highlighting the major details of transportation, accommodation and anything pertaining group schedule or free time)

STATEMENT OF PHYSICAL AND MENTAL FITNESS, INSURANCE

I understand that my participation in (NAME OF FIELD TRIP) requires a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and I hereby WARRANT I am in good physical and mental health and I am able to fully participate in the (NAME OF FIELD TRIP) and make informed, objective decisions.

I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance. The Releasees will provide no medical/health insurance. In the event of a medical/health problem, the Releasees accept no responsibility for any costs associated with a medical/health problem nor will they pay for any medical/health expenses that may be incurred by the participant.

I AM SOLELY RESPONSIBLE to select and purchase adequate travel insurance. The Releasees will provide no travel insurance. The travel insurance should provide cover against theft, personal accident, personal liability, repatriation and cancellation of tickets among other coverages. The Releasees accept no responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by the participant relating to these areas.

I acknowledge the statement of **physical and mental fitness, insurance as noted above - (initial box):**

UNDERSTANDING AND ACKNOWLEDGMENT OF RISKS

In consideration of my participation in **(NAME OF FIELD TRIP)** program and all related activities, I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with **(NAME OF FIELD TRIP)** program and all related activities including THE POSSIBLE RISK OF SEVERE OR FATAL INJURY TO MYSELF OR OTHERS. These risks include, but are not limited to:

- Specific health and safety risks related to communicable disease, including but not limited to COVID 19.
- Risks associated with travel to and from all venues of the various components including transport by public or private motor vehicle which could include but are not limited to an accident resulting in severe physical injuries or death;
- Intoxication and/or alcohol poisoning from the alcohol I consume during **(insert name of Trip)** program and all related activities whether voluntarily or through coercion resulting in illness, injury or death;
- Food-related illness resulting from any meal arranged for me by **(NAME OF TRIP)** organizers;
- Muscular injuries and soft tissue injuries, broken bones, bruises, scrapes, cuts, sprains, dislocation, head, facial eye and/or dental injuries which might result from participation in **(insert name of Trip)**;
- Injuries resulting from falling or being knocked down or steep steps where a fall may cause injury or death;
- Injuries resulting from rough terrain, failure to see an obstacle, failure to negotiate a turn, etc.;
- Injuries resulting from walking on a hill, slipping and/or falling;
- Injuries resulting from malfunctioning of equipment or misuse of equipment whether owned, designed or operated by myself or the staff of THE RELEASEES;
- Changes in weather or temperatures which may result in hypothermia, frostbite, windburn, sunburn, colds or flu;
- Death, injuries or illness resulting from failure to follow directions from those in charge of the program and all related activities;
- The risks associated with returning to my residence after participating in the program and/or related activities; and
- Other risks associated with being a spectator of or being present at a crowded, outdoor or indoor event

I understand and acknowledge the risks noted above - (initial box):

ACCEPTANCE AND ASSUMPTION OF RISK

In return for allowing me to voluntarily participate in the program and all related activities, I agree:

1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participation in the **(NAME OF FIELD TRIP)** program and all related activities.
2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE which I might sustain while participating in THE UNIVERSITY OR **(NAME OF FACULTY/SCHOOL)** program and all related activities.

I accept and assume all risks both listed and not specifically described - (initial box):

MEDICAL CONDITIONS

I agree to advise the organizers of the trip prior to the start of the event of any existing medical conditions or injury.
(initial box):

ACKNOWLEDGMENT AND ACCEPTANCE OF THE EFFECT OF THIS AGREEMENT:

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators, and representatives.

Signed this _____ day of _____, 2024

SIGNATURE OF PARTICIPANT _____

WITNESS SIGNATURE _____

PRINT WITNESS NAME _____

WITNESS ADDRESS AND PHONE NUMBER _____