

# Appendix 1

## Off-campus Activities Waiver Form

I, \_\_\_\_\_, recognize that I will be involved in one or more off-campus activities as part of \_\_\_\_\_ (list the course number or identify the research/scholarly activity, or University-sanctioned event/activity).

being a registered student of the following course: \_\_\_\_\_ (use course abbreviation).

I am aware that participation in any such off-campus activities and/or travel includes a variety of risks, hazards and conditions, including but not limited to personal injury, death, property damage or other loss, of any nature whatsoever and howsoever caused, resulting from, arising in connection with or otherwise related to the above-mentioned off-campus activities. Conditions may include, but are not limited to, travelling and commuting, uneven terrain, changeable weather conditions including heat, cold and wetness, animal and plant life, exposure to laboratory chemicals and lab equipment that may have hot surfaces.

Please note: All University students must be covered by a provincial health care plan, the BUSU Health Plan or an approved equivalent plan. This provides coverage for physician and hospital expenses up to the varied maxima of these plans.

I acknowledge that:

- I have read the Off-campus Activity Plan pertaining to this activity;
- I have had the opportunity of asking further questions of my instructor;
- I am expected to abide by the policies, procedures and practices of the university/agency/location where I am studying/working/visiting; as such, I will respect the policies of the University, in particular with regard to the Student Non-Academic Misconduct Policy
- I am solely responsible for all expenses (accommodation, food, personal expenses, phone/fax/email) relating to my stay at the university/agency/location, unless otherwise arranged;
- I have informed my designated emergency contact (as per the attached Emergency Information Form) regarding all aspects of this program, including the nature of possible risks.

### DISCLAIMER

I understand that the University is not responsible for any death, injury, loss or damage of any kind suffered by myself or any other person while participating in any of the above-mentioned activities and I agree to waive any and all claims and/or actions against the University and any of its governors, officers, employees and other representatives. I am aware of, freely accept and fully assume all above-mentioned risks, hazards and conditions. I further acknowledge that the University cannot guarantee my health or safety. I voluntarily agree to participate in the above-mentioned activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Appendix 2

## Student Emergency Information Form - CONFIDENTIAL

(for use by Department or Unit Head/Dean at Brandon University)

STUDENT NAME & ID#: \_\_\_\_\_

ACADEMIC PROG./DEPT, and COURSE NAME and # if applicable.:  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

PASSPORT NUMBER & ISSUING COUNTRY: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

### PERSONAL INFORMATION

*Please ensure that your EMERGENCY CONTACT has copies of your personal information including passport, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (e.g., medical condition) that might be of significance to the university, a physician or hospital treating you in any emergency situation.*

*I have fully informed the Emergency Contact regarding all aspects of my travel, including the nature of possible risks. Student guarantees that, medical insurance is in force for the duration of the off-campus program, and in the case of an Emergency, consents to the release of personal information.*

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

Date \_\_\_\_\_

### EMERGENCY CONTACT

*Give the name and address of a designated person who can be reached on your behalf in an emergency.*

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

*Student shall retain copy until they return to campus and is responsible for returning signed form prior to departure to their advisor and (for international locations) to the appropriate Dean/Director.*

# Appendix 3

## Brandon University Off-campus Student Travel Information Form

Name of Participant \_\_\_\_\_

Student ID number \_\_\_\_\_

### MEDICAL EMERGENCY INFORMATION

Medical Conditions or Health Issues

\_\_\_\_\_  
\_\_\_\_\_

Emergency Medications (eg Epi-pen, insulin etc.)

\_\_\_\_\_  
\_\_\_\_\_

Provincial Medicare Number \_\_\_\_\_

Province Emergency Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

### TRAVEL INFORMATION

Purpose of Trip \_\_\_\_\_

\_\_\_\_\_

Name of Course/Research Project/Conference/Field Trip \_\_\_\_\_

Departure and Return Date(s) \_\_\_\_\_

Destination(s) \_\_\_\_\_

Name of Off-campus activity Team Leader/Supervisor \_\_\_\_\_

Participant Signature \_\_\_\_\_

*All information will remain confidential and will be used for emergency purposes only. Forms will be completed and collected before trip departure by the Faculty Member/Team Leader/Supervisor and held by an Academic Dean or Unit Director as appropriate.*

# Appendix 4

## Brandon University Model Release Form

I hereby irrevocably consent to and authorize **Brandon University** and its licensees the irrevocable and unrestricted right to use and publish images, video and sound recordings of me for editorial, trade, advertising, promotion and any other lawful purpose in any manner and medium including electronic distribution in any format, existing or future technology, to alter the same without restriction; and to copyright the same without any further compensation to me. I hereby waive any right to notice or approval of any use of the images and release **Brandon University** and its licensees and assigns from all claims and liabilities relating to said images, video or sound recordings or by virtue of any alteration, processing or use thereof in composite form.

**MODEL:** I am over eighteen years of age.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**WITNESS:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_