

# **UPEI Education Abroad** Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement Full Name (as on passport): Name of Program:

#### WARNING: BY SIGNING THIS LEGAL DOCUMENT, YOU MAY GIVE UP CERTAIN LEGAL RIGHTS. PLEASE READ CAREFULLY.

The University of Prince Edward Island, through one or more of its faculties, departments, programs, institutes, or other support services or organisations (hereinafter called "UPEI"), from time to time promotes, coordinates, conducts, permits or otherwise engages in international student exchange programs, study and/or work abroad programs, career development programs, teaching/work placement programs, internship programs, research projects, and other similar or related arrangements (hereinafter called the "Program" or "Programs").

Given the diverse nature and various locations at which such Programs are undertaken, I acknowledge that my participation in the Program may expose me to various risks of damage to property, or physical injury, sickness or death. I further acknowledge that UPEI is not able to ensure my complete safety while I am participating in any such Program and I freely accept and fully assume all liability for such risks, damages, hazards, losses, injury, expense, or inconvenience that may arise during my participation in any such Program.

In consideration of UPEI assisting me with my efforts to participate in the Program, I, on behalf of myself, my heirs, executors, administrators, successors and assigns, do hereby:

- Waive any and all claims or causes of action whether in contract or tort (including negligence) that I have or may have in the future against UPEI as a result of my involvement in the Program;
- II. Release UPEI from any and all liability for any loss, damage, cause of action, injury or expense that I may suffer as a result of my involvement in the Program; and
- III. Agree to save harmless and indemnify UPEI from any loss, damage, causes of action, injury or expense to any third party as a result of my involvement in the Program.

I have read and understood this Agreement prior to signing it, and am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, executors, administrators, successors and assigns may otherwise have or have had against UPEI. I do further acknowledge that it has been recommended to me that I seek independent legal advice prior to executing this Agreement and I declare that I have either received such advice or have declined to seek such advice. I further declare that I have attained the age of 18 years.

This agreement shall be governed by the laws of the Province of Prince Edward Island.			
Signed at	, Province of,		
this day of	_, 20		
Signature of Participant	Signature of Witness		

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31 (c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of approving a UPEI student to take part in an Education Abroad experience. Direct any questions about this collection to: International Liaison Office/Manager, University of Prince Edward Island, 550 University Avenue, Charlottetown, PE C1A 4P3 902-894-2837



UPEI Education Abroad - Supplemental Travel Waiver		
Full Name (as on passport):		
UPEI Email Address:	UPEI ID:	
Location(s) and date(s) of planned independent tra	vel associated with your Education Abroad	
In addition to the parameters outlined in the UPEI <i>Releas Indemnity Agreement</i> , which I have signed and affirm, I a desire to travel independently before and/or after and/or of the signed and affirm and the signed and the signes	•	

#### I understand and agree:

Abroad activity.

- Any independent travel I choose to do before, during, or after my Education Abroad activity, is entirely at my own expense and risk. University of Prince Edward Island (UPEI) is not responsible for any personal injury, loss of life or any loss or damage to property I may suffer or cause to a third party when I am travelling independently of my Education Abroad activity.
- It is my responsibility to consult with and heed the advice of my program coordinator prior to making any arrangements for independent travel. Further, it is my responsibility to monitor safety in the area to which I plan to travel, and to take the necessary precautions to be safe.
- It is my responsibility to inform my program coordinator of any spontaneous, unplanned travel, outside of my host country, including dates and destination, and understand that destinations deemed unsafe are not recommended or supported by UPEI and entirely at your own risk.
- My agreement above to provide such notice of independent travel, and to consult and heed my program coordinator's advice, does not make UPEI responsible or liable for my independent travel.
- I will be fully and personally responsible for any issues that may arise from the independent travel I pursue, including any costs incurred from such independent travel and/or independent travel disruptions. and any emergencies that may arise over the course of my independent travel.
- As part of my independent travel, I understand that I am a member of the UPEI community and that my actions will be held accountable to the UPEI Student Code of Conduct.

By signing this agreement, I certify that everything stated herein is true to the best of my knowledge. I understand the requirements articulated and have had the opportunity to ask any questions I wished to submit in connection with this document.

Signature of Participant	Date (mm/dd/yyyy)
Full Name of Witness	Signature of Witness

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31 (c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of approving a UPEI student to take part in an Education Abroad experience. Direct any questions about this collection to: International Liaison Office/Manager, University of Prince Edward Island, 550 University Avenue, Charlottetown, PE C1A 4P3 902-894-2837



## **UPEI Education Abroad** - Risk Management Form

All UPEI students participating in an International Work/Study/Mobility program are required to provide the following information to the University, such that in the event of an emergency, the University will be able to promptly respond and assist. Once completed, this form should be submitted to your Program Coordinator, who in turn will provide the information to Security and the International Office.

YOUR HOME INSTITUTION (UPEI)		
Student's Full Name (as on passport):		
UPEI Email Address:	UPEI ID:	
Faculty/Department:	UPEI Coordinator:	
UPEI Coordinator Phone #:	UPEI Coordinator Email:	

YOUR EMERGENCY CONTACT		
Name:	Phone:	
Email:	Relationship to you:	

YOUR DESTINATION (Host Organizatio	n i.e. School, Business, Hospital, etc)
Name of Program:	
Name of HOST Organization:	
Contact Person:	Email:
City:	Country:
Phone:	Program Dates:
Travel Departure Date:	Travel Return Date:



### <u>UPEI Education Abroad</u> - Risk Management Form (Continued)

**Check List:** Participants in any UPEI international work, study or internship program are required to obtain the appropriate permissions and to be fully aware of the potential risks involved in such opportunities.

Letter of Permission o	, ,	c approval	
Appropriate Health/Me	edical Insurance		
Valid Passport			
Valid Visa (if applicable	=		
Thorough understand	ing of your destina	ition - laws, languages, currency, climate, personal safety	,
etc.			
	tact Form & Emer	m & Supplemental Waiver Form gency Contact Card (obtained on Study Abroad webpage al Development Office)	or
Contingency Plan: (This pabroad)	olan should outline	the steps you plan to take anything goes wrong while	
			-
			_
			•
I have discussed my inv UPEI Program Coordina		above International Work/Study/Mobility activity with Department Chair.	my
Student Signature	Date	Program Coordinator/Chair Date	



#### Travel Advice Outside of Canada: https://travel.gc.ca/travelling

Full Name (as on passport):	
UPEI Email Address:	UPEI ID:
Date of Birth (dd/mm/yyyy):	Phone:
In the event of an emergency, the following per	son(s) are who I would like to be contacted:
Name:	
Email Address:	Phone:
Relationship:	Alternate Phone:
Name:	1
Email Address:	Phone:
Relationship:	Alternate Phone:
Authorization	n and Signature
event that I need medical care, hospitalisation, or	I permission to notify my emergency contact(s) in the surgery; I also grant UPEI the permission to release act(s) not expressly listed here but that is related to above in this form is accurate and complete.
Student Signature Date	_

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31 (c) of the PEI *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of approving a UPEI student to take part in an Education Abroad experience. Direct any questions about this collection to: International Liaison Office/Manager, University of Prince Edward Island, 550 University Avenue, Charlottetown, PE C1A 4P3 902-894-2837 page 5



ISLAND		
<u>UPEI Education Abroad</u> - Fina	ncial Statement (Optional, but highly recon	nmended)
Full Name (as on passport):		
UPEI Email Address:	UPEI ID:	
research potential expenses and living cos	step in preparing for an exchange program. You ts and provide an estimate below. Sources of in nany links are included from the specific partner	nformation
Please note: While scholarships and grants budgeting.	s may be available, you should not rely on them	ı when
	b back your financial statement. However, some of of funding for your application and visa procest application process.	
Total Estimated Expenses	Total Estimated Funds Available	
Return Airfare	Savings to date	
Visa	Estimated savings prior to departure	
Travel & Medical Insurance	Family contribution	
Accommodation	Student loans	
Meals & Bills	Other (state your funding source):	
Transport		
Textbooks & Supplies		
Personal Expenses		
Total Estimated Expenses	Total Estimated Funds Available	
If your estimated expenses exceed funds a	available, how will you make up the difference?	

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 31 (c) of the PEI *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of approving a UPEI student to take part in an Education Abroad experience. Direct any questions about this collection to: International Liaison Office/Manager, University of Prince Edward Island, 550 University Avenue, Charlottetown, PE C1A 4P3 902-894-2837 page 6