



<b>UPEI Education Abroad</b> <b>Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement</b>	
Full Name <i>(as on passport)</i> :	
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:

- I. 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

**UPEI Education Abroad - Supplemental Travel Waiver**

Full Name (as on passport):

UPEI Email Address:

UPEI ID:

Location(s) and date(s) of planned independent travel associated with your Education Abroad activity:

In addition to the parameters outlined in the UPEI *Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement*, which I have signed and affirm, I also agree to this Supplemental Travel Waiver due to my desire to travel independently before and/or after and/or during unscheduled time for the duration of my Education Abroad activity.

**I understand and agree:**

- 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

## 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 <i>(as on passport)</i> :	
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 Organization - 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:

**UPEI Education Abroad - 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.

By checking the followings items, you are agree to **obtain/complete/submit** as required:

- Letter of Permission or similar academic approval
- Appropriate Health/Medical Insurance
- Valid Passport
- Valid Visa (if applicable)
- Thorough understanding of your destination - laws, languages, currency, climate, personal safety, etc.
- Signed and witnessed UPEI Waiver Form & Supplemental Waiver Form
- UPEI Emergency Contact Form & Emergency Contact Card (obtained on Study Abroad webpage or your Department of study or the International Development Office)

Contingency Plan: *(This plan should outline the steps you plan to take anything goes wrong while abroad)*

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**I have discussed my involvement in the above International Work/Study/Mobility activity with my UPEI Program Coordinator/Appropriate Department Chair.**

Student Signature	Date	Program Coordinator/Chair	Date
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Travel Advice Outside of Canada: <https://travel.gc.ca/travelling>

**UPEI Education Abroad - Emergency Contact Form**

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 person(s) are who I would like to be contacted:

**Emergency Contact 1:**

Name:	
Email Address:	Phone:
Relationship:	Alternate Phone:

**Emergency Contact 2: (if primary emergency contact is not available)**

Name:	
Email Address:	Phone:
Relationship:	Alternate Phone:

**Authorization and Signature**

In the event of an emergency abroad, I grant UPEI permission to notify my emergency contact(s) in the event that I need medical care, hospitalisation, or surgery; I also grant UPEI the permission to release any other pertinent information to emergency contact(s) not expressly listed here but that is related to my health, safety and/or security.

I hereby verify that all of the information contained above in this form is accurate and complete.

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

\_\_\_\_\_  
Date

**UPEI Education Abroad - Financial Statement** *(Optional, but highly recommended)*

Full Name *(as on passport)*:

UPEI Email Address:

UPEI ID:

Developing a financial plan is an essential step in preparing for an exchange program. You need to research potential expenses and living costs and provide an estimate below. Sources of information can be from host university websites and many links are included from the specific partner school pages on the UPEI study abroad website.

Please note: While scholarships and grants may be available, you should not rely on them when budgeting.

You are not required to provide evidence to back your financial statement. However, some universities and countries will require you to show proof of funding for your application and visa processing. This money must be available at the start of the 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 <i>(state your funding source)</i> :	
Transport			
Textbooks & Supplies			
Personal Expenses			
<b>Total Estimated Expenses</b>		<b>Total Estimated Funds Available</b>	

If your estimated expenses exceed funds available, how will you make up the difference?

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