



TO: **McMASTER UNIVERSITY** (the "University")

Name of Participant	Last Name:	First Name:		
Address	Street:			
	City:	Province:	Country:	Postal Code:
Phone Number:	Email:			
Birth Date: (mm/dd/yy)	Student ID Number (if applicable):		Employee ID Number (if applicable):	
Emergency Contact	Last Name:		First Name:	
	Relationship:		Phone Number:	
Faculty:	Department:			
Activities: Maternal and Infant Health in Morocco: Women's Rights and Family in Islam				
Location	Main Campus <input type="checkbox"/>	Innovation Park <input type="checkbox"/>	Downtown Centre <input type="checkbox"/>	Other: <input checked="" type="checkbox"/> Specify: Hamilton, Ontario & Various Locations Morocco

Assumption of Risk:

I am aware that by participating in the Activities noted above, I will be exposed to many inherent risks and dangers ("Risks") that may result in, among other things, mild or severe illness, physical injury, partial or total disability, death and/or property loss or damage. These Risks include, but are not limited to, risks and dangers arising from:

- TERRAIN & PHYSICAL ENVIRONMENT** whether visible or not, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, injury or loss arising from falls on steep, slippery or uneven terrain, from falling trees or other objects, from obstructions and from other participants in the Activities.
- EQUIPMENT, MACHINERY OR OTHER DEVICES** including, without limitation, any equipment deployed in respect of my Activities or by others, and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury arising from the use, misuse, malfunction or breakdown of any equipment, machinery or similar device that may be deployed or used.
- TRAVEL** including, without limitation, communication difficulties and barriers, animosity towards me based on citizenship status, substandard sanitation (including food and water precautions), substandard or unsafe design or maintenance standards for public places (including buildings, railways and roadways), substandard or lack of healthcare facilities, violence and crime (including kidnapping and acts of terrorism), political or civil unrest, unfamiliar laws and legal standards, disease outbreaks, homesickness, loneliness and travel to an from any locales scheduled to be visited by any means whatsoever including without limitation public or private bus, motor vehicle, boat, aircraft, helicopter or similar craft and injury or accident from being the operator of a vehicle and loading/unloading equipment or supplies from vehicles and any manner of injury or loss of any nature whatsoever arising therefrom.
- WEATHER** and any manner of injury or loss of any nature whatsoever arising therefrom including, without limitation, loss or injury resulting from exposure to weather conditions, including but not limited to cold, heat, sunlight, snow, ice, wind, hail, rain, sleet, fog, mist or similar condition.
- NON-HUMAN LIFE** of any nature whatsoever, including without limitation, any animal, insect, fish, bird, fungus, vegetation, bacteria or virus and any injury or loss of any nature whatsoever occurring therefrom.
- OTHER HAZARDS** including without limitation hypothermia, allergens, noxious gases, electrocution, shock, drowning, chemicals (including, without limitation, herbicides, pesticides, acid and caustic bases), radioactive materials, radiation, x-rays or theft of property and any manner of injury whatsoever arising therefrom.

I agree with the foregoing and freely accept and fully assume all Risks and acknowledge the possibility of, and agree to be solely responsible for personal injury, death, disability, property damage or loss resulting from the Risks except where such arises as a result of the negligence or willful misconduct of the University.

Initials: _____

Acknowledgement:

- I have attended a University Pre-Departure Session for the Activity as a mandatory condition of my participation in the Activities.
- The University provided me with information about the Activity and pertinent information regarding possible risks and hazards associated with the Activities and I understand that this information is not exhaustive.
- I have or will review prior to my departure the Canadian Department of Foreign Affairs, Trade & Development ("DFATD") website <http://travel.gc.ca/> to be informed of the particular risks of travelling to my exchange destination.
- I have read, understood and signed the Agreement of Participation form.
- I have completed and signed the Statement of Responsibilities checklist as a guide to my exchange departure preparations, however, I understand that this checklist is not exhaustive and that further action may be required on my part.



6. I will conduct myself in strict accordance with the University's and host institution's policies, Student Codes of Conduct, academic regulations, and directions of my Activity leader in addition to all laws governing the country in which I will reside. Failure to do so may result in the Activity leader requiring me to return home early. The University accepts no responsibility for, nor will the University pay for any costs incurred, should I be required to return home early due to my behavior or violations.
7. I acknowledge that I have been advised by the University of the need to act in a responsible manner at all times.
8. I acknowledge that I have been advised to seek the advice of a healthcare provider before participating in the Activity and that there are no health-related reasons or problems that preclude or restrict my participation in the Activity.
9. I am solely responsible to select and purchase travel (including repatriation in the event of death), medical/health, dental and accident insurance as well as insurance for my personal possessions adequate for the Activities and having regard to the Risks and that no such insurance will be provided by the University. In the event of a travel, medical/health, dental or other problem, I acknowledge and agree that the University accepts no responsibility for any costs associated with such problem not covered by my own personal plans nor will it pay for any expenses that may be incurred by me.
10. I have read and understood the exclusions section of my insurance policies and understand the various "risk areas" that may deem my coverage void while travelling abroad.
11. I am solely responsible for purchasing supplemental health insurance as necessary if my primary health or travel policy is not comprehensive to my health, habits, lifestyle or exchange destination requirements.
12. I have read and understood the handout entitled "Health Insurance for Study/Work/Travel Abroad" as given to me at the University pre-departure session.
13. I will follow and abide by any and all risk assessments, health and safety regulations and instructions, including the above-noted if applicable, received prior to taking part in the Activities.
14. I acknowledge that the University has the right at any time, in its sole discretion, to make cancellations, substitutions or changes to the Activity, or to take any action it considers to be warranted regarding my, or any member of the Activity group's health, safety, behavior, including sending me or others home. I accept all responsibility for any loss or additional expense incurred by me due to any Activity changes, if I become detached from my Activity group, or if I am sent home.
15. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the University other than set forth in this Agreement.
16. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I agree with and freely accept the responsibility for the foregoing. **Initials:** _____

Protection of Privacy – The personal information requested on this form is collected under the authority of *The McMaster University Act, 1976* and is protected under the Ontario *Freedom of Information and Privacy Protection Act*. The personal information collected will be used for the purposes of implementing this Participant Waiver Agreement. Please direct any questions to the person listed below:

Name: _____ **Position Title:** _____

Office Mailing Address: _____ **Telephone No.:** _____

I acknowledge that I have read, understood and agree with this Participant Waiver Agreement; that I appreciate and accept the Risks; that I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against the University; and that I have executed this Agreement voluntarily.

SIGNED THIS ____ day of _____, 20____, at _____.

Signature of Participating Employee/Student

Printed Name of Participating Employee/Student

Signature of Parent or Legal Guardian for Minor

Printed Name of Parent or Legal Guardian of Minor

Signature of Witness

Printed Name of Witness

This Agreement must be completed in full (signed, dated, witnessed and initialed where indicated) before the Activities may begin.