

Note: Per the International Travel and Safety Policy, the College will not sanction travel by students participating in international activities in Extreme Risk or High Risk countries or regions.

**To be completed by the travelling Student /Group Leader:
I have reviewed the International Travel and Safety Policy and understand my responsibilities, as the Student/Group Leader, and the requirements of all students participating in College approved international activities.**

Name: _____

Signature: _____

Position: _____

Date: _____

**To be completed by the Dean/Chair or Director for Placement Travel:
I have reviewed and approve the Risk Assessment.**

Name: _____

Signature: _____

Position: _____

Date: _____

**To be completed by Senior Vice-President Academic and Student Services for Other Individual and Group Travel:
I have reviewed and approve the Risk Assessment.**

Name: _____

Signature: _____

Position: _____

Date: _____

Appendix B

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

“Every year in Ontario, over 100,000 people are involved in an unpaid or paid work placement to gain work experience. A large number of employees throughout Ontario (and a small number outside of the province) participate. In every workplace setting, no matter how much care is taken, the possibility of an on site accident exists. While some employers are able to provide Workplace Safety coverage to a training participant, other employers cannot. As part of its support, the Ontario Government provides coverage through the Accident Insurance Plan to training participants placed at an employer not protected by Workplace Safety and Insurance Board coverage/compensation

As a Training Participant

The Ontario Government wants to ensure that while you are involved in a work experience as part of a recognised training/educational program funded by the provincial government or its Agencies, you have coverage for any accidental injury that may occur.

Through the Accident Insurance Plan, the Government provides coverage for a workplace injury while you are participating in a work placement that is authorised by or under the auspices of a Ministry-recognised training agency, government Ministry or Agency. The coverage includes:

- benefits for an accidental death or injury; and
- medical/dental benefits to treat an accidental injury.

Please note that you cannot be covered under this Plan, if you are eligible for Workplace Safety and Insurance Board coverage/compensation.

Worth Noting

Although coverage is provided for you as a training participant, under certain circumstances your family may be eligible for benefits.

Family means:

your spouse – a person to whom you are legally married; or with whom you have been living in a common-law relationship for at least one year. Only one person may qualify as a spouse at any one time.

your dependent children – any unmarried children (including adopted, foster, and step-children) who are less than 25 years old and dependent on you for financial support.

BENEFIT AMOUNT

Principal Sum Amount: \$100,000.

In the event of your death, the Benefit Amount is payable to the beneficiary you have named or in the absence of such designation, to your Estate.

Schedule of Losses

Accidental Death & Dismemberment

If such injuries shall result in any one of the following specific losses within one year from the date of the accident, ACE INA Life Insurance will pay the percentage of the Benefit amount, based on the amount stated under the Benefit amount section, however, that not more than one (the largest) of such benefits shall be paid with respect to injuries resulting from one accident.

Percentage of

Benefit Amount

Loss of Life.....	100%
Loss of Both Hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye.....	100%
Loss of One Foot and Entire Sight of One Eye.....	100%
Loss of Speech and Hearing in Both Ears	100%
Loss of Use of Both Arms or Both Hands or Both Legs or or Both Feet	100%
Quadriplegia.....	100%
Paraplegia.....	100%
Hemiplegia.....	100%
Loss of One Arm or One Leg	75%
Loss of Use of One Arm or One Leg.....	75%
Loss of One Hand or One Foot.....	66 2/3%
Loss of Entire Sight of One Eye.....	66 2/3%
Loss of Use of One Hand or One Foot	66 2/3%
Loss of Speech or Hearing in Both Ears.....	66 2/3%
Loss of Thumb and Index Finger of Same Hand.....	33 1/3%
Loss of Four Fingers of Either Hand.....	33 1/3%
Loss of Hearing in One Ear	25%
Loss of All Toes of Same Foot.....	16 2/3%
Loss of One Finger.	10%

“Loss” shall mean, with respect to hand or foot, actual severance through or above the wrist or ankle joint; with respect to arm or leg, actual severance through or above the elbow or knee joint; with respect to eye, the entire and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to thumb and index finger, the actual severance through or above the first phalange; with respect to fingers, the actual severance through or above the first phalange of all four fingers of the same hand; with regard to toes, the actual severance of both phalanges of all toes of the same foot.

“Loss” as used with reference to Quadriplegia (total paralysis of both upper and lower limbs), Paraplegia (total paralysis of both lower limbs), and Hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irreversible paralysis of such limbs.

“Loss of Use” shall mean the total and irrecoverable loss of function of an arm, hand or leg, provided such loss of function is continuous for twelve consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent.

Permanent Total Disability

After one year of “continuous total disability” and if you are then “permanently and totally disabled” ACE INA Life Insurance will pay a Permanent Total Disability Benefit of \$100,000 less any benefits under the Schedule of Losses that have been already paid.

“Continuous total disability”, which must result from such injuries and commence within 365 days after the date of accident, means complete inability during the first year to perform the substantial and material duties of your occupation.

“Permanently and totally disabled” means your complete inability, after one year of continuous total disability as defined above, to engage in any occupation or employment for which you are fitted by reason of education, training or experience for the remainder of your life.

Accident Weekly Indemnity

If within 30 days from the date of the accident such injuries prevent you from participating in the training program and/ or performing every duty pertaining to your usual occupation, ACE INA Life Insurance will pay Weekly Indemnity in the amount of 90% of Ontario minimum wage per week from the 7th day of the disability for the consecutive period thereof not exceeding a maximum of 104 weeks or attainment of age 65. During which you are seeing a physician for the consecutive period.

Accident Medical Reimbursement Expense

If on account of such injuries you require treatment by a legally qualified physician or surgeon, ACE INA Life Insurance will pay for the following medical services and supplies to a maximum of \$25,000 for treatment expenses incurred within 2 years after the date of the accident:

1. Private duty nursing by a licensed graduate nurse (R.N.) or other recognised attendant care person who does not ordinarily reside in the Insured Person's home or is not a member of his or her immediate family;
2. Transportation recommended by a legally qualified physician or surgeon when such service is provided by a professional ambulance service.
3. Hospital Care for semi-private room and board, up to \$75 a day over the cost of standard ward care;
4. Rental of a wheelchair; iron lung and other durable equipment for a therapeutic treatment not to exceed the purchase price prevailing at the time rental becomes necessary;
5. Reasonable and Customary charges for a chiropractor, osteopath, chiroprapist, naturopath, podiatrist physiotherapist, speech and message therapist if OHIP benefits been used up;
6. Drugs and medicines which legally require a written prescription and prescribed by a legally qualified physician or surgeon and dispensed by a pharmacist;
7. Expenses for hearing aids, crutches, casts, cast materials, splints, trusses, braces or other orthotic or prosthetic devices if prescribed by a legally qualified health care practitioner;

Reimbursement will be to the extent that such expenses exceed and do not duplicate the cost of any such services covered under the terms of any statutory plan of health insurance services.

Accident Dental Expense

When injury to whole and sound teeth shall, within thirty (30) days from the date of the accident, require treatment, replacement or x-rays by a legally qualified dentist or dental surgeon, ACE INA Life Insurance will pay the necessary expense actually incurred therefore by or behalf of you within fifty-two (52) weeks after the date of the accident, not to exceed in the aggregate the amount of \$2,000 as the result of any one accident.

Teeth which have been capped or crowned shall, for purposes of this policy, be considered whole and sound except where they have undergone endodontics treatment. If an injury to a capped or crowned tooth causes damage to the remaining tooth structure requiring the preparation of a new cap or crown, the policy shall cover the cost of treatment necessitated thereby. If a cap or crown is damaged or dislodged without injury to the remaining tooth structure, the policy shall not cover the cost of treatment necessitated thereby.

Any payments made under this section shall be in accordance with the schedule of fees published by the Dental Association in the Province or territory of the Insured Person's residence.

Repatriation Benefit

When injuries covered by this plan result in a loss of life outside 50 km from your city of permanent residence or outside Canada and the loss of life occurs within 365 days from the date of the accident, ACE INA Life Insurance will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed \$10,000.

Rehabilitation Benefit

When injuries result in a payment being made by ACE INA Life Insurance under any benefit excluding the Loss of Life benefit, ACE INA Life Insurance will also pay the reasonable and necessary expenses actually incurred up to a limit of \$10,000 for special training provided:

- (a) such training is required because of such injuries and in order for you to become qualified to engage in an occupation in which you would not have been engaged except for such injuries;
- (b) expenses are to be incurred within three years from the date of the accident;
- (c) no payment will be made for ordinary living, travelling, or clothing expenses.

Spousal Occupational Training Benefit

When injuries to you result in a payment being made by ACE INA Life Insurance under the Loss of Life benefit, ACE INA Life Insurance will pay the expenses actually incurred, by your spouse for a formal occupational training program for the purpose of specifically qualifying your spouse to gain active employment in an occupation for which your spouse would otherwise not have sufficient qualifications. Actual expenses must be incurred within three years of the loss of life.

The maximum payable \$10,000.

Family Transportation Benefit

When injuries result in your confinement as an in-patient in a hospital outside 150 km from your city of permanent residence or outside Canada and requires personal attendance of a member of your immediate family as recommended by the attending physician, in writing, ACE INA Life Insurance will pay for the expense incurred by your family member. Transportation must be by the most direct route by a licensed common carrier to you, while confined, but not to exceed an amount of \$10,000.

"Member of your immediate family" means your spouse, (legal or common-law), parents, grandparents, children, over age 18, brother or sister.

Home Alteration and Vehicle Modification Benefit

In the event you sustain an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred within three years from the date of the accident for:

1. the one-time cost of alterations to your principal residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to a motor vehicle utilized by you to make the vehicle accessible or driveable for you.

Benefit payments herein will not be paid unless:

- (i) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- (ii) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items 1 and 2 will not exceed \$10,000.

Day Care Benefit

If you suffer a loss of life in a covered accident while the policy is in force, ACE INA Life Insurance will pay, in addition to all other benefits payable under the policy a "Day Care Benefit" equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of your Benefit amount or a maximum of \$5,000 per year, on behalf of your dependent child who is enrolled in a legally licensed Day Care centre on the date of the

accident or who enrolls in a legally licensed Day Care centre within 365 days following the date of the accident.

The "Day Care Benefit" will be paid each year for 4 consecutive years, but only upon receipt of satisfactory proof that your child is enrolled in a legally licensed Day Care centre.

"Dependent Child" means either a legitimate or illegitimate child, adopted child, step-child or foster child or any child who is in a parent-child relationship with you and who is unmarried, thirteen (13) years of age and under and dependent upon you for maintenance and support.

If at the time of the accident, there are no dependent children who qualify, ACE INA Life Insurance will pay an additional benefit of \$2,500 to the designated beneficiary.

Special Education Benefit

If you suffer a loss of life in a covered accident while the policy is in force, ACE INA Life Insurance will pay, in addition to all other benefits payable under this policy, a "Special Education Benefit" up to 5% of your Benefit amount, (subject to a maximum of \$5,000 per year), on behalf of any dependent child who, on the date of the accident, was enrolled as a full-time student in any institution of higher learning beyond the 12th or 13th grade level, or was at the 12th or 13th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days following the date of the accident.

The "special education benefit" is payable annually for a maximum of four consecutive annual payments but only if the dependent child continues his/her education as a full-time student in an institution of higher learning.

If at the time of the accident, there are no dependent children who qualify, ACE INA Life Insurance will pay an additional benefit of \$2,500 to the designated beneficiary.

Eye Glasses and Contact Lens Benefit

ACE INA Life Insurance shall pay the reasonable expenses, except expenses which have been recovered from, or which could have been recovered from:

- any Provincial Hospital Plan and/or
- any other group or individual insurance contract or health plan

incurred by you, by reason of injury, within 365 days after the date of accident for the purchase of eyeglasses or contact lenses upon the advise of a legally qualified physician or ophthalmologist, other than you.

The Maximum amount payable under this Benefit with respect to all expenses incurred as a result of one accident shall be the lesser of:

- Actual expenses incurred; or
- \$200

Such expenses are recoverable if medical treatment by such physician or ophthalmologist is required as the result of accident, and:

- Neither eyeglasses or contact lenses were worn by you and are now prescribed as the result of such accident: or
- If you required medically subscribed eyeglasses or contact lenses prior to the date of accident and such eyeglasses or contact lenses must be replaced; because of a change in vision as a result of accident: or if such eyeglasses or contact lenses were broken or lost as the result of accident.

Funeral Expense Benefit

When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, the company will pay the actual expense incurred for customary funeral expenses but shall not exceed the maximum amount of \$5,000.

The term "customary funeral expenses" as used in this policy means the services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased Insured Person and the cost incurred for the purchase of a cemetery plot, tomb or mausoleum for the burial or interment of the deceased including a plaque, tombstone or monument.

Exclusions

This policy does not cover loss caused by or resulting from any one or more of the following:

1. intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;
2. war or any act thereof
3. flying in an aircraft owned or leased by your employer, yourself or a member of your household, or aircraft being used for any test or experimental purpose, firefighting, powerline inspection, pipeline inspection, aerial photography or exploration;
4. full-time, active duty in the armed forces.
5. flying as pilot or crew member in any aircraft or device for aerial navigation.
6. Injury sustained while committing or attempting to commit a criminal offense;
7. Injury sustained while legally intoxicated from the use of alcohol or under the influence of drugs, unless taken as prescribed for, or administered by a qualified physician.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you.

If your body has not been found within one year of disappearance, stranding, sinking or wrecking of the conveyance in which you were riding at the time of the accident, it shall be presumed, subject to all other conditions of this policy, that you suffered a loss of life resulting from bodily injuries sustained in an accident covered under this policy.

Claim Procedures

To make a claim, inform your programme co-ordinator about your accident as soon as it happens. Keep in mind that the **initial** claim must be made within a 30-day period after the accident occurs and subsequent proof of claim must be submitted to ACE INA Life Insurance within 90 days from the date of accident.

Any other insurance you may have, i.e., government, spouse, parent, etc. first pays for any eligible expenses and this Accident Insurance Plan will cover any excess eligible expenses. Your programme co-ordinator will provide you with a claim form and assist you in completing the documentation.

If you have any questions regarding a **claim**, please call the Claim Department of the ACE INA Life Insurance at:

Toronto: (416) 368-2911

All Other Areas: 1-877-772-7797

Underwritten by:

ACE INA Life Insurance

Effective Date: September 1, 2001

08-21-06

THE ACCIDENT INSURANCE PLAN

Supporting Training Participants

POLICY NUMBER: SG10284501

Version 4 (Rev 11/08)

INTERNATIONAL STUDENT TRAVELLER REGISTRATION AND CONTACT FORM

Please complete the following:

All Fields Are Mandatory

Personal Information

Name*

First

Last

Student Number*

Faculty / School / Department*

0 of 40 max characters

College Email Address*

Enter Email

Confirm Email

Trip Information

Intended Date of Departure from Canada*

Intended Date of Return to Canada*

Destinations*

Please use a separate field for each individual city you will visit and simply re-enter the country in the correct column.

Country

City

Emergency Contact Name*

First

Last

Emergency Contact Phone Number*

Emergency Contact Email Address*

Enter Email

Confirm Email

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is used to ensure your complete registration in a travel program and make your medical and contact information available in case of emergency.

PRE-DEPARTURE INFORMATION FORM

This form must be completed by all Loyalist College students participating in a College sanctioned International Activity.

Fields with "*" are required fields

Student Information

Name*

First

Last

Student Number*

College Email*

Enter Email

Confirm Email

Out - of - Country Insurance

Confirmation of Medical Travel / Medical Insurance*

I hereby declare that I have registered for medical travel/medical insurance coverage for the full duration of my planned travel. I have reviewed the coverage and I am aware that any additional coverage is my responsibility to obtain independently.

Medical travel/medical insurance policy number*

Government of Canada Travel Advice and Advisories Review

The Government of Canada provides official information and advice on situations that may affect your safety and well-being abroad, as well as other important travel issues such as security, local laws and culture, entry and exit requirements and health. Students travelling outside of Canada on College sanctioned International Activities are required to review the report(s) for their destination(s) prior to departure. Please access the website below and select the Country Travel Advice for your destination(s).

http://www.international.gc.ca/cip-pic/mission_info-info_mission.aspx?lang=eng

Confirmation of Review of Destination(s) Information*

I have reviewed the Department of Foreign Affairs, Trade and Development Country Travel Advice and Advisories report(s) for my destination(s) as of and I understand the information therein. Yes No

I understand that this information is subject to change and I must monitor it regularly, both before my departure and during my trip. Yes No

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is used to ensure your complete registration in a travel program and make your medical and contact information available in case of emergency.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING: PLEASE READ CAREFULLY! By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by participating in the activity you are being exposed to the risks identified below, and that you accept important legal obligations and waive certain legal rights, including the right to initiate a legal proceeding in the courts or otherwise.

NAME OF PARTICIPANT: _____

STUDENT NUMBER: _____

ADDRESS OF PARTICIPANT:

BIRTH DATE: _____

TELEPHONE NO: _____

PROGRAM/ACTIVITY: _____
(Referred to as "this Trip" throughout this document)

DATES: From: _____ To: _____

DESTINATION: _____
(City/Town, State/Territory, Country)

DISCLAIMER CLAUSE

I acknowledge and agree that the Loyalist College of Applied Arts and Technology, its Board of Governors, officers, directors, employees, volunteers, members and representatives (hereinafter referred to as "The College") are not responsible for any injury, loss or damage to personal property, detention, imprisonment, illness, death or dismemberment arising out of any cause/nature whatsoever, sustained by me while travelling. I acknowledge and agree that the College accepts no responsibility and assumes no liability with respect to any academic, vocational, medical, or financial impacts resulting from the aforementioned causes or related advice received by me in relation to this travel.

Initials _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of The College allowing me to participate in **this Trip**, I agree as follows:

1. **TO ASSUME AND ACCEPT ALL RESPONSIBILITY FOR ANY RISKS**, including bodily injury, death or property damage, arising out of, associated with or related to my participation in this Trip and all related activities, even though such risks may have been caused by the negligence of the College;

2. **TO RELEASE AND DISCHARGE THE COLLEGE** from any and all liability from any loss, damage, injury or expense that I may suffer as a result of my participation in this Trip and all related activities due to any cause whatsoever; whether caused by the negligence of the College or otherwise;

3. TO HOLD HARMLESS AND INDEMNIFY THE COLLEGE:

- a) from any and all claims, demands, actions and costs which might arise out of my participation in this Trip and all related activities; and
- b) from any and all liability for any damage to the personal property of, or personal injury to, any third party, resulting from my participation in this trip and all related activities;

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and representatives in the event of my death or incapacity. I agree that if any of this Agreement is held invalid or unenforceable, the balance of this Agreement shall continue to be in full legal force and effect. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the College other than what is set forth in this agreement.

Initials _____

ASSUMPTION OF RISKS AND RESPONSIBILITIES

I acknowledge and am aware that there are possible risks, dangers, and hazards associated with this travel, including but not limited to, physical injury, sickness or death and damage to my property.

Further, I understand that I may be exposed to risks associated with, but not limited to, violence, crime, civil unrest, acts of terrorism, kidnapping situations, adverse weather events and negative social experiences that may be personally upsetting. I am also aware that I may experience periods of isolation, loneliness, homesickness and discomfort due to cultural differences. I further understand that I may be exposed to different social, human rights and cultural norms to which I am unaccustomed.

I further understand that it is my responsibility to abide by all applicable College policies, the laws of the host country and ensure that I have registered for medical travel/medical insurance, as well as ensure the protection of my personal possessions. I further acknowledge that I am required, at a minimum, to register for the College-provided travel insurance and provide proof of having done so before participating in this travel, and to maintain such insurance for the duration of the trip.

I understand that if a situation arises prior to or during this travel that requires my travel be cancelled, I am personally responsible for any costs associated with the cancelation, which are not otherwise refundable. I further understand that any expenses associated with my trip will be my sole responsibility.

Initials _____

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, THAT I HAVE BEEN AFFORDED AN OPPORTUNITY TO OBTAIN INDEPENDENT LEGAL ADVICE WITH RESPECT TO THE DETAILS OF THIS AGREEMENT AND THAT I HAVE EITHER OBTAINED INDEPENDENT LEGAL ADVICE OR WAIVE MY RIGHT TO SAME. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT UNDUE INFLUENCE OR DURESS AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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

Signature of Participant
(must be 18 years of age or older)

Signature of Witness

Printed Name of Witness

Address & Phone No. of Witness

TRAVEL CODE OF CONDUCT AGREEMENT

1. I hereby agree that I have a duty to respect the privacy rights of members of the community by avoiding all forms of intimidation, including sexual or physical harassment.
2. I hereby agree that I have a duty to refrain from causing physical injury to myself and others. I will be held financially and legally responsible for any and all damages inflicted upon other persons.
3. I hereby agree that I have a duty to refrain from causing damage to real or personal property of others. I will be held financially and legally responsible for any and all damage I inflict on the property of others.
4. I hereby agree that I have a duty to preserve the quality of facilities that I may visit or reside at during my travels.
5. I hereby agree that I have a duty to respect cultural differences. This includes the proper etiquette in business/social settings, e.g. being punctual for appointments, not speaking out of turn, etc.
6. I hereby agree that I have a duty to refrain from irresponsible behaviour.
7. I hereby agree that I have a duty to not violate the laws of the host country, including those related to alcohol and drugs, whether they result in arrest or not.
8. I hereby agree that I have a duty to report to representatives of Loyalist College any person known by me to have violated the Travel Code of Conduct Agreement.
9. I hereby understand that I must follow the steps and measures outlined in the Procedures section of the International Travel and Safety Policy.
10. I hereby understand that I am required to adhere to the Student Conduct Policy.
11. I hereby understand that if I violate any of the terms of this Agreement, I may be asked to leave the location at the discretion of the Loyalist College supervisor. I understand that if I am asked to leave, I will be responsible for my own travel arrangements and costs. If I am asked to leave my emergency contact will be notified.
12. I hereby agree that prior to signing this document, I have had an adequate opportunity to read and understand it, have the opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

Participant's Name (please print)

Student Number

Participant's Signature

Date