

INFORMED CONSENT & ACKNOWLEDGMENT OF RISK FORM

SIGNING THIS DOCUMENT INDICATES THAT YOU UNDERSTAND THE RISKS ASSOCIATED WITH THIS ACTIVITY AND THAT YOU ARE AWARE THAT BY PARTICIPATING IN THIS ACTIVITY YOU ARE EXPOSING YOURSELF TO THE RISK IDENTIFIED BELOW.

To: The Board of Governors of Mount Royal University

Participant's Name:			
Student ID #:		Course:	Date of Birth:
Emergency Contact: Name	Phone:	Relationship to Participant	
Off-Campus Activity:			
Please identify any health concerns (including allergies, conditions and/or medications) that may affect your participation in the off-campus activity (attach additional pages if necessary):			

I have provided my emergency contact with information concerning my whereabouts during the above noted off-campus activity.

I am in a satisfactory state of health to undertake the off-campus activity. I have identified any health concerns that would affect my ability to participate in the off-campus activity in the space provided above. I have received all of the prescribed immunizations. I will be responsible for bringing my own prescribed medication (e.g. Epi-pen, etc.) on the travel with me and for taking the medication as needed.

I am aware that I will not be covered by my Alberta Health Insurance while I am travelling abroad and will need to obtain supplementary health insurance. I am responsible for the full payment of all costs of medical care that I may receive while travelling abroad.

I am responsible for obtaining the required visa and travel documents for my participation in international activities. Failure to obtain these required documents may result in travel delays, being refused entry into a foreign country or detention by foreign authorities.

I am aware that while travelling abroad I may be subject to different political, legal, medical, social and economic conditions and that there may be different health and safety standards from those that are in place in Canada. I am responsible for educating myself of these differences.

I am aware that while I am participating in international activities I will be subject to foreign laws and jurisdiction. It is my responsibility to ensure that I understand and comply with all foreign laws that may apply to me during my travel.

If we become aware that you have been seriously injured or arrested or detained by a foreign authority, we will make reasonable attempts to notify your emergency contact as soon as it is practicable.

I am aware that by participating in this activity, I am exposing myself to the many inherent risks, including but not limited to:

Any of all of these risks may result in bodily injury or death.

I understand the risks associated with these activities and the need to follow the instructions and precautions given by the off-campus activity coordinator. I am responsible for ensuring that I attend the safety briefing(s) associated with each activity. In addition, I am responsible for abiding by the MRU Student Code of Conduct and will conduct myself accordingly while on the field trips.

I certify that I am 18 years old or older and that I have carefully read this form.

Signed this ____ day of _____, 20____. Participant Signature _____

Witness Name (please print)

Witness Signature

This Informed Consent & Acknowledgment of Risk Form must be completed in full, signed, dated and witnessed before the Participant is allowed to participate in the aforementioned activities.

The personal information that you provide to Mount Royal University is collected in the authority of the *Post-Secondary Learning Act* (s.65) and the *Protection of Privacy Act* (ss.4(a) & (c)). It is required to describe to you the risks associated with this activity, record contact information in the event of schedule changes, emergencies or other situations which may require the University or its agents to contact someone on your behalf and to limit the University's liability in the event of any accident. No other use is anticipated or permitted. If you have any questions about the collection or use of this information, you may contact the Chair or the Department Head. [\[DEPARTMENT - EMAIL \(OR\) PHONE \(OR\) URL\]](#)