



STUDY ABROAD PARTICIPATION AGREEMENT

IMPORTANT: Please read carefully. By signing you are giving up certain legal rights.

| | |
|----------------------------------|--|
| FULL NAME | |
| NAME OF SAIT PROGRAM | |
| SAIT STUDENT ID NUMBER | |
| ADDRESS | |
| CONTACT PHONE NUMBER | |
| NAME OF STUDY ABROAD TRIP | |
| LOCATION OF STUDY ABROAD PROGRAM | |
| TRIP LEADER(S) | |
| PROGRAM START DATE | |
| TRIP END DATE | |

SECTION 1: ASSUMPTION OF RISK AND RELEASE

I am aware that I am traveling on the dates set forth in Schedule A to participate in off-campus activities (the "Study Abroad Program"). I am fully aware of the risks and dangers involved in my participation in the Study Abroad Program. I am aware that unanticipated and unexpected events may occur that may result in death, personal injury, property damage or other loss to me. I hereby freely and voluntarily accept and assume any and all risks of injury or damage that may be sustained by me in connection with the Study Abroad Program.

The Board of Governors of the Southern Alberta Institute of Technology ("SAIT"), its officers, governors, agents, contractors, employees and volunteers (collectively referred to as the "Releasees") are not responsible for any injury, loss, claim, liability or damage of any kind sustained by me while participating in the Study Abroad Program, whether caused by the negligence of the Releasees or otherwise.



SECTION 2: RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of SAIT allowing me to participate in the Study Abroad Program, including but not limited to any associated activities, travel, transportation and notwithstanding any insurance or, if applicable, workers' compensation coverages maintained by SAIT, I hereby agree to:

1. ASSUME AND ACCEPT ANY AND ALL RISKS arising out of, associated with or related to my participation in the Study Abroad Program, whether caused by the negligence of the Releasees or otherwise;
2. BE SOLELY RESPONSIBLE FOR ANY AND ALL INJURY, LOSS, LIABILITY OR DAMAGE which I might sustain participating in the Study Abroad Program, whether caused by the negligence of the Releasees or otherwise;
3. WAIVE ANY AND ALL CLAIMS against the Releasees and forever and discharge the Releasees from any claim, loss, injury, liability, cost, damage or expense I may suffer, including without limitation, personal injury or death, whether caused by the negligence of the Releasees or otherwise;
4. HOLD HARMLESS AND INDEMNIFY the Releasees from any and all liability for any damage or loss to the property of or death or personal injury to any third party resulting from my participation in the Study Abroad Program; and
5. HOLD HARMLESS AND INDEMNIFY the Releasees from any and all claims, demands, actions, causes of action and costs made against the Releasees which might arise out of my participation in the Study Abroad Program.

SECTION 3: NON- RETURN ASSUMPTION OF RISK AND RELEASE

This section should only be completed if you are not returning to Canada at the end of your Study Abroad Program

I am aware that I am traveling on _____(departure date) and returning _____ (the date you return to Canada) which consists of traveling to _____ (“The Study Abroad Program” destination country). The Study Abroad Program ends on _____ (“End Date”). I am aware that unanticipated and unexpected events may occur that may result in death, personal injury, property damage or other loss to me. I hereby freely and voluntarily accept and assume any and all risks of injury or damage that may be sustained by me in connection with The Study Abroad Program and my extended travel time.



I am fully aware that by extending my travel time beyond The Study Abroad Program End Date I am responsible for all risks and dangers.

I am also fully aware that SAIT has arranged health and travel insurance for me (policy details have been provided separately) from _____ (“Start Date”) to _____ (“End Date”). I understand that I am responsible for arranging my own health and travel insurance to cover me on and after _____ (first day of your independent travel), and I acknowledge that SAIT has advised me to secure such insurance.

I acknowledge that the Releasees are not responsible for any injury, loss or damage of any kind sustained by me while participating in The Study Abroad Program and during my extended travel time whether caused by the negligence of the Releasees or otherwise.

SECTION 4: FREEDOM OF INFORMATION AND PROTECTION POLICY

I acknowledge that SAIT is subject to *Alberta’s Freedom of Information and Protection of Privacy (FOIP) Act*¹ which determines how personal information is gathered, used and released.

I acknowledge that as a participant in SAIT’s Study Abroad Program, I will be asked to provide continual feedback about my study and travel experience in written, pictorial, and video tape formats. This feedback information may be utilized by SAIT in any of the following ways:

- PowerPoint presentations at campus wide Information Sessions;
- Testimonials for SAIT’s web site;
- SAIT Blogs;
- Advertising on SAIT web sites, LCD screens, brochures, and newspaper articles.

I hereby give SAIT permission to use my feedback information for the promotion of current and future exchange opportunities. This permission will be valid for two years from the date of signing.



SECTION 5: PARTICIPANT ACKNOWLEDGEMENT AND AGREEMENT

I UNDERSTAND THAT THIS IS A LEGALLY BINDING AGREEMENT and that it is effective and binding upon me and my heirs, next of kin and legal representatives in the event of my death or incapacity.

I confirm that I am over the age of 18 and have the legal capacity to enter into this Agreement.

I HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS AGREEMENT, and realize that by signing this Agreement, I am surrendering valuable legal rights, including the right to sue the Releasees and I enter into this Agreement freely and voluntarily.

I confirm that this Agreement is governed by the laws of Alberta.

Signed this _____ day of _____, 20____, at Calgary Alberta.

Signature _____

(Participant over 18 years or Parent/Legal Guardian)

Witness Name: _____

Witness Signature: _____



SCHEDULE A

Please list all locations to be visited during your Study Abroad Program, the dates you will be in this location and how you will travel to this location.

| LOCATION | DATE(S) | MODE OF TRAVEL |
|-----------------|----------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

ⁱⁱ *Freedom of Information and Protection of Privacy Act (FOIP)*

The collection of your personal information as indicated on this form is being collected under the authority of the Post-Secondary Learning Act and the *Freedom of Information and Protection of Privacy Act, Alberta*. This information is protected under the Freedom of Information and Protection of Privacy Act. If you require further information concerning the collection and use of this personal information, please contact SAIT's FOIP Coordinator at (403) 210 – 4452 and the Study Abroad Coordinator at (403) 774-4971.