



AC.2.13.1 Field Trips

Schedule B: Field Trip Participation Form

ASSUMPTION OF RISK RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY

IMPORTANT: PLEASE READ CAREFULLY. BY SIGNING, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS.

PARTICIPANT: _____
Name - please print

Address and telephone number

PROGRAM: _____

COURSE:
(if applicable) _____

INSTRUCTOR/
TRIP SUPERVISOR: _____

"I" refers to the individual signing the form, whether the student participant or, if the student participant is less than 18 years of age, his or her parent/legal guardian. The student is referred to as the "Participant".

ASSUMPTION OF RISK AND RELEASE

I am aware that the Participant is participating on the dates set forth at the end of this Form in activities off-site the SAIT campus (the "Field Trip"). There are risks inherent to any activity occurring off the SAIT campus. I am aware of the reasonably foreseeable risks and dangers involved in participation in the Field Trip. I am aware that unanticipated and unexpected events may occur that may result in death, personal injury, property damage or other loss to the Participant or others. In consideration of The Board of Governors of the Southern Alberta Institute of Technology ("SAIT") allowing the Participant to participate in the Field Trip, I hereby freely and voluntarily accept and assume any and all risks of injury or damage that may be sustained by the Participant in connection with the Field Trip.



I confirm and acknowledge that SAIT, its governors, officers, employees, consultants, agents, contractors and volunteers (collectively referred to as the "Releasees") shall not be responsible for any injury, loss, claim, liability or damage of any kind sustained by the Participant while participating in the Field Trip, whether caused by the negligence of a Releasee or otherwise.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of SAIT allowing the Participant to participate in the Field Trip, 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 the Participant's participation in the Field Trip, whether caused by the negligence of any Releasees or otherwise;
2. DISCLOSE TO SAIT in writing any and all medical and health related conditions affecting the Participant that may arise during or be impacted by the Field Trip and I acknowledge that, unless otherwise expressly stated in another medical form signed by me in respect of the Field Trip, the Participant shall be responsible for dispensing to himself or herself any and all medications that he or she may require during the Field Trip and SAIT shall not be responsible therefor;
3. WAIVE ANY AND ALL CLAIMS against the Releasees and each of them and discharge the Releasees and each of them from any actions, demands, claims, losses, injuries, liabilities, damages, fines, penalties and costs and expenses whatsoever ("**Losses**") incurred by the Participant, including without limitation, personal injury or death, whether caused by any Releasees or otherwise;
4. If I am a parent/legal guardian of a Participant, I HOLD HARMLESS AND INDEMNIFY the Releasee from any and all Losses that the Releasee may incur if, upon or after attaining the age of majority, the Participant shall pursue any claim, action or demand against any Releasee in respect of the Field Trip;
5. INDEMNIFY AND HOLD HARMLESS the Releasees from any and all Losses incurred by any third party or parties arising out of or relating to the acts or omissions of the Participant in the Field Trip; and
6. CONFIRM my understanding that the "Field Trip" as referred to herein includes, without limitation, transportation to and from the location or locations of the Field Trip.

ACKNOWLEDGEMENT

I UNDERSTAND THAT THIS IS A LEGAL FORM, binding me and my heirs and legal representatives and enures to the benefit of SAIT and the Releasees and their respective successors, heirs and legal representatives. I HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS FORM and, by signing



this Form voluntarily below, I am agreeing to abide by these terms. I acknowledge that this Form is not assignable and that this Form replaces and supercedes any other releases, waivers or agreements signed by me with respect to the subject matters contained in this Form prior to the date below (except as stated in paragraph 2 above). I further acknowledge that this Agreement is governed by Alberta laws.

Signed as of this _____ day of _____, 201____, at Calgary, Alberta.

Participant Signature: _____

Parent or Guardian

Signature: _____

(if applicable)

Witness Name: _____ Witness Signature: _____

Details of the Field Trip		
<u>Location</u>	<u>Date(s)</u>	<u>Mode of Travel</u>