



Summer Abroad Student Consent Form and Release from Liability

For Programs Administered by Woodsworth College, University of Toronto

Name of Student _____ Student Number _____

Summer Abroad Destination _____

Notice of Collection – Freedom of Information and Protection of Privacy

The University of Toronto respects your privacy. The information on this waiver is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering safety support services while travelling abroad and informing the participant of their responsibilities to the University of Toronto while abroad. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-5835, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto ON M5S 1A8

All students participating in Study Abroad Programs administered by Woodsworth College, as described in the various program materials and orientation meetings, are doing so on a VOLUNTARY basis. **TRIPS TO OTHER COUNTRIES MAY INVOLVE RISKS** such as personal injury, death, property damage, expense and other loss, delay or inconvenience, course cancellation or curtailment, poor road and transportation systems, tropical or other diseases, exposure to wildlife, medical facilities of a lower standard than what might be expected in Canada, weather, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems, tribal violence, failure to perform on the part of travel agents, airlines or excursions companies, problems relating to customs, immigration or visa requirements.

I understand that my participation in Study Abroad Programs administered by Woodsworth College requires a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and I hereby WARRANT BEING PHYSICALLY FIT AND ABLE TO PARTICIPATE and understand that I am ASSUMING THOSE RISKS AND RESULTS which are part of these activities including the laws, customs, living conditions and health standards existing in the country(ies) where I will travel and study. I acknowledge that I have been strongly encouraged to consult with my medical care providers and a Travel Medical Clinic before leaving Canada.

I understand there is NO INSURANCE COVERAGE provided by Woodsworth College or the University of Toronto. It is my responsibility to arrange any such coverage as required, for loss or damage to any personal property. I confirm that I have arranged MEDICAL INSURANCE for the duration of my travel abroad, and that I have provided proof of such insurance to the University. I am aware that health insurance may not cover all aspects of travel, including but not limited to high risk activities, injury caused by civil war and natural disasters, long-term disability and health care. In providing proof of insurance to the University, I recognize that the University does not make any claims regarding the adequacy of the medical insurance coverage and that all decisions regarding the appropriateness of my medical insurance are solely at my discretion.



I, the UNDERSIGNED, hereby acknowledge that certain RISKS OF PERSONAL INJURY OR PROPERTY LOSS are inherent to my participation in study and research abroad. Risks may be minor or serious and may result from my own actions or the actions or inactions of others, or a combination of both, or may be beyond control (such as the risk of illness, disease, war or violence)

IN VIEW OF MY VOLUNTARY ASSUMPTION OF ALL RISKS, I agree for myself, and my family, heirs and executors that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO, and its officers, employees, agents and assigns shall not be liable for any injury to my person, illness, loss or damage to my personal property, or any consequential damages arising in any way resulting from my participation in research abroad.

Without limiting the generality of the above, this RELEASE FROM LIABILITY includes any ILLNESS, ACCIDENT, SICKNESS, CANCELLATION, DELAY, ALTERATION, OR INCONVENIENCE suffered or incurred by me or any person in consequence of or in any way related to my studies abroad or while being transported from or to Canada, including any claims resulting from the operation of a motor vehicle, or motorcycle/motorized scooter in any other country.

I acknowledge that my participation in the 2016 University of Toronto Summer Program, and the instruction facilities and accommodation to be provided, will be upon and subject to the terms and conditions set out in the description brochure published by Woodsworth College entitled Summer Abroad Programs (2016) and in the other documents and correspondence issued to me, which I have read. I agree to participate in a preparatory briefing for the 2016 Summer Program in which I am participating.

As a registered student in the Summer Abroad Program, I acknowledge receipt of the **Terms of Participation for Summer Abroad Programs**. I have read, understood and agree to abide by these **Terms of Participation**. **Failure to comply may result in my removal from the program.**

Student Name	Signature	Date
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Witness Name	Signature	Date
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For all students: please have someone witness this form. The witness must be someone who knows you and who is at least 18 years old. Summer Abroad staff cannot be a witness.