

Institutional Compliance
 403.320.3361
 compliance@lethbridgecollege.ca
 3000 College Dr S, Lethbridge, AB T1K 1L6



Travel Waiver

PRIVACY NOTICE: The personal information requested on this form is collected under subsection 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for the purpose of documenting your agreement to the terms of the waiver. It may be disclosed to external agencies, and used by the college and external agencies, for this purpose or for a consistent purpose. If you have a question about the collection, disclosure, use or protection of this information, please contact the college's Manager of Institutional Compliance by phoning (403) 320-3202 ext. 5703, emailing privacy@lethbridgecollege.ca, or writing to 3000 College Dr S, Lethbridge, Alberta T1K 1L6 c/o Manager of Institutional Compliance.

What this form is for: This form is to be completed by every student who is at least 18 years old and will be travelling on college business.

Instructions: Provide the completed form to Institutional Compliance. If you have questions about this form, do not sign it; instead, contact Institutional Compliance. College employees administering this form should refer to the Guidelines for Administering Waivers and Indemnity Agreements.

Retention: This form is to be stored by Institutional Compliance for 10 years from the date of signature.

Participant	
First and last name	Student ID
Phone number	Email address
Current address (e.g. 3000 College Dr S, Lethbridge, AB)	

Travel	
<input type="checkbox"/> field trip <input type="checkbox"/> conference <input type="checkbox"/> student exchange or placement <input type="checkbox"/> other: _____	
Travelling internationally?	<input type="checkbox"/> yes <input type="checkbox"/> no
Accompanied by a college employee?	<input type="checkbox"/> yes <input type="checkbox"/> no
Start date (YYYY/MM/DD)	End date (YYYY/MM/DD)
All travel destinations (list cities in Alberta, provinces / territories in Canada, countries outside Canada)	

THIS ASSUMPTION OF RISKS, WAIVER OF CLAIMS, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT IS A LEGAL DOCUMENT. BY SIGNING IT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COLLEGE. READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU UNDERSTAND WHAT IT MEANS.

ASSUMPTION OF RISKS

I understand that, by travelling on college business, I am exposing myself to the following risks, among others that are not listed here, including risks that may not be foreseeable at this time, and I freely accept and fully assume all of these risks:

- death, personal injury, and the delay, rescheduling or cancellation of all or part of my itinerary, resulting from accident, crime, political unrest, military activity, terrorism, disease, illness, contact with wild or domesticated plants or animals, contact with production animals, inclement weather, extreme weather events, natural disasters, environmental conditions to which I am not accustomed, inadequate medical care, inaccessible medical care, or culture shock
- death or personal injury suffered during my participation in activities at any of my destinations, including but not limited to activities that are especially high-risk
- loss or damage of personal property by any means, such as theft, vandalism, fire or water damage

WAIVER OF CLAIMS, RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT

In consideration of The Board of Governors of Lethbridge College allowing me to travel on college business (the "Activity"), I agree (*initial next to each statement – "X"s and checkmarks will not be accepted*):

_____ **TO WAIVE ANY AND ALL CLAIMS** that I or my heirs, next of kin, executors, administrators or assigns (collectively, the "Releasers") have or may have in the future against The Board of Governors of Lethbridge College, its members, governors, directors, officers, employees, contractors, volunteers, agents or students (collectively, the "Releasees") arising out of the Activity;

_____ **TO HOLD HARMLESS, RELEASE, AND INDEMNIFY THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I or any third party may suffer arising out of the Activity, due to any cause whatsoever, including but not limited to **NEGLIGENCE, BREACH OF CONTRACT, AND BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.**

I further agree that this agreement shall be binding upon the Releasers even in the event of my incapacity or death. This agreement shall be governed by, interpreted and construed in accordance with the laws in force in Alberta and the courts of Alberta shall have exclusive jurisdiction over all claims, disputes, and actions arising out of this agreement or the Activity. **I AM AT LEAST 18 YEARS OLD. IN SIGNING THIS AGREEMENT, I AM NOT RELYING ON ANY ORAL OR WRITTEN STATEMENTS OR REPRESENTATIONS MADE BY THE RELEASEES APART FROM THIS AGREEMENT. I HAVE HAD ADEQUATE OPPORTUNITY TO CONSIDER THIS AGREEMENT AND ASK QUESTIONS ABOUT IT. I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM ENTERING INTO IT FREELY AND VOLUNTARILY.**

Participant's signature

Witness's signature

Date signed and witnessed (YYYY/MM/DD)

Witness's name (print)