



The Department of Anthropology

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

Student Name:		Student Email:	
Student Number:		Destination Country:	
Home University:		Main/Closest City:	
Sponsor/Supervisor:		Other City:	
Date Arrive:		Date Return:	

I am aware that during field trips, exchanges or other excursions in which I am participating under the arrangements of The University of Western Ontario, certain risks and dangers may occur, including, but not limited to, the hazards of traveling, accidents or illness in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means, as well as exposure to customs and practices of societies different from our own. Accordingly, I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers.

More particularly, I appreciate that The University of Western Ontario does not carry medical, accident or injury insurance for my benefit. Further, there may be certain matters for which I could be at fault personally if the accompanying circumstances do not relate to or arise from my education, or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask the University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against the University in relation to such actions.

I acknowledge that I have been advised by The University of Western Ontario of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding and acceptance of these realities and in consideration for being permitted by the University to participate in the above mentioned event/field trip.

This agreement must be completed in full, signed, and dated before the participant may participate in the event/field trip.

Signature _____ Dated _____

Supervisor/Sponsor _____ Dated _____

The information on this form is collected under the authority of *The University of Western Ontario Act, 1982*, as amended, and is needed for use in the event of a medical or other emergency. If you have any questions about the University’s collection, use, or disclosure of this information, please contact the Freedom of Information and Privacy Office, 519-661-2111 ext 84543.

Please submit Original to Graduate Program Office (SSC 3324).

In cases where an Instructor will be travelling with the student, your emergency information will be made available to them for emergency purposes only.



- CONFIDENTIAL -

Anthropology Department

EMERGENCY INFORMATION

Student Name:		Student Email:	
Student Number:		Destination Country:	
Home University:		Main/Closest City:	
Sponsor/Supervisor:		Other City:	
Date Arrive:		Date Return:	

Program: *Undergrad* *Grad* *Visiting Student* *Other* _____

Reason for Trip: *Research* *GRA* *Field School* *Other* _____

Details:

TRAVEL INSURANCE

Please check if updated in Student Centre

It is highly recommended that you purchase Travel Insurance for the time you will be abroad. It is important that you provide all your coverages in the Student Centre <https://student.uwo.ca>.

HEALTH INFORMATION

Please list any allergies, drug sensitivities, regular medications and other information that might be of significance to a physician or hospital treating you in an emergency situation:

EMERGENCY PERSONAL CONTACT

Please check if updated in Student Centre

Please enter your Personal Emergency contact information on who can be reached in an emergency during this excursion. Enter this in the Student Centre <https://student.uwo.ca>.

MAIL FORWARDING - FOR GRADUATE STUDENTS ONLY!!

It is your responsibility to ensure that any mail and/or cheques are forwarded to you. You can designate another student/person to pick up your mail. Notify the Graduate Program Coordinator via email to authorize those who can sign on your behalf to pick up your cheques and/or forward your mail. The department does not mail out forwarding mail/cheques.

Name: _____ Email: _____

EMERGENCY FIELD CONTACT (Eg. Hotel, Museum, Sponsor in Field) **DO NOT LIST LOCAL CONTACT INFO**

Please give the following information on who can be reached in an emergency **in the field**.

Name:		Phone:	
Position:		Email:	
Address 1:		Notes 1:	
Address 2:		Notes 2:	

You will be emailed when this information is updated. At that point you should check to ensure that all the information is correct.