

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return to Halifax: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_

I, \_\_\_\_\_, am traveling to \_\_\_\_\_ from the Nova Scotia College of Art and Design in Halifax, NS, for the purpose of expanding my educational or cultural knowledge, agree to be responsible for my own safety and well being during the duration of the trip.

I UNDERSTAND THAT THE NOVA SCOTIA COLLEGE OF ART AND DESIGN ASSUMES NO RESPONSIBILITY FOR MY PERSONAL WELL-BEING AND SAFETY OR FOR MY BELONGINGS.

In signing this form I undertake to follow the rules accordingly and I absolve the University of any responsibility to me for illness, accident, personal harm, and loss or damage to my personal property during travel to and from the University and during the duration of the above travel.

As a student of NSCAD and I understand I am an ambassador of the institution and will conduct myself in a manner in keeping with the Student Code of Conduct for NSCAD University.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(student)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(witness)

**TRAVEL SUBSIDY RECIPIENTS ONLY**

As a recipient of an Individual Travel Subsidy I agree to use the funds for the purposes of travel as defined in my application to the Travel Subsidy Committee. I understand that should my travel plans change and I am no longer attending the conference / event as described in my submission that I will return the funds to NSCAD University.

\_\_\_\_\_  
(Initial)

If the student is under 19, the parent or guardian must fill in and sign the following statement before the student will be allowed to travel under College auspices:

I have read the terms stated above and agree to them as the conditions under which my daughter/son,

\_\_\_\_\_, will be given permission to travel to the above-mentioned place.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(parent or guardian)