

## APPENDIX B

# Individual Travel Release and Waiver of Liability and Indemnity Agreement

Student Name (please print): \_\_\_\_\_

Phone number: \_\_\_\_\_

Instructor associated with this travel: \_\_\_\_\_

Date of departure: \_\_\_\_\_

Date of return: \_\_\_\_\_

Destination(s): \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I have a medical condition that Emergency Medical Technicians would need to know (**one box must be initialed**)

- Yes, I am carrying that information and/or medication on me and I have informed my instructor about my condition
- No, I do not have a medical condition that Emergency Medical Technicians would need to know

Travel in a privately owned or rented vehicle (**one box must be initialed**)

- I will not be driving a vehicle
- I am driving the vehicle and declare that I have a valid driver's license, that the vehicle I am driving is properly insured for the duration of the travel indicated, and that I accept all responsibilities associated with operation of the vehicle.

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In terms of liability (**both boxes must be initialed**)

- My Green Shield, Student VIP or parental health care policy is in force and has not been cancelled or allowed to lapse.
- I understand and agree that NSCAD University assumes no responsibility for my personal well-being, for my safety or my personal property during travel to or from the university campus and during the duration of the above travel.

If traveling outside of Canada (**both boxes must be initialed**)

- I declare I have a valid passport and, if necessary, visa(s)
- I declare that I have international health care insurance sufficient to potential needs

In signing this form, and in consideration for NSCAD approving the proposed travel, the undersigned, my personal representatives, assigns, heirs and next of kin, acknowledge and agree that I hereby:

- a) release, waive, discharge and covenant not to sue NSCAD University, its officers, employees, or agents (together, “releasees”), from all liability for any and all loss or damage, and any claim or demands therefor on account of injury to my person or personal property, whether caused by the negligence of the releasees or otherwise, and
- b) agree to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage or cost they may incur as a result of, directly or otherwise, of my travel to and from the college and during the duration of the above travel.

The undersigned agrees that the foregoing Individual Travel Form is intended to be broad and inclusive as is permitted by the laws of Nova Scotia and Canada.

The undersigned has read, fully understands the terms, and voluntarily signs the Individual Travel Release and Waiver of Liability and Indemnity Agreement.

Student’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 participate:

I have read the terms stated above and agree to them as the conditions under which my child

\_\_\_\_\_ will be given permission to participate in the above-mentioned event /activity.

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_