



**TREN New Zealand Semester Abroad: Winter Term 2010**  
Brock University, 500 Glenridge Avenue, St. Catharines, Ontario, Canada L2S 3A1  
(905) 688-5550, extension 3293 / 3292 (dept) • Fax (905) 688-5718 • dbrown@brocku.ca

**ASSUMPTION OF RISKS, RESPONSIBILITY, and LIABILITY WAIVER  
for BROCK UNIVERSITY SEMESTER ABROAD, STUDY ABROAD, FIELD TRIP,  
WORK ABROAD, INTERNATIONAL CO-OP, INTERNATIONAL INTERNSHIP, AND  
EXCHANGE PROGRAMS**

**WARNING! BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP  
CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

**PLEASE READ CAREFULLY**

In consideration of being permitted to study abroad in the **TREN New Zealand Semester Abroad** program organized by the **Dept. of Tourism and Environment, Faculty of Social Sciences, Brock University,**

I, \_\_\_\_\_, \_\_\_\_\_,  
*(Name)* *(Student Number or SIN)*

**agree as follows:**

**Assumption of Risks:** I understand that participation in a Brock University Semester Abroad, Work Abroad, Field Trip, or Exchange Program (the Program) will take me away from campus for an extended period.

During this period, I understand that I will be in an unfamiliar surrounding and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of violence and crime, civil unrest, homesickness, and loneliness. **I freely and voluntarily accept and assume all such risks, dangers and hazards.**

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.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable Brock University and host institution policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental, travel and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate Brock University does not carry accident or injury insurance for my benefit, and also that there may be certain matters for which I could be held 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. I further acknowledge that I must make myself aware of and abide by the acceptable cultural norms and standards for appropriate behaviour in the locations where I will be staying, and recognize that inappropriate conduct can result in disciplinary action or termination of my involvement in the Program at the discretion of Brock University (as described in the Code of Student Conduct and Disciplinary Procedures in Non-Academic Matters) or the host institution or employer (as described in their own rules and procedures for conduct), with no financial recourse. I agree to be accountable in all respects for my own actions and not to expect Brock University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against Brock University in relation to such actions.

*(continued on page 2 of 2 →)*

**I acknowledge** that I have been advised by Brock University of such risks and dangers as well as of the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the University to participate in the above mentioned Program. I recognize that Brock University will not supervise any academic programs, living arrangements, or extracurricular activities at host institutions abroad during my participation in an exchange program. I further acknowledge that I am of legal age in the Province of Ontario, and will inform myself of and abide by the legal age limits, laws and regulations for all other jurisdictions where Program activities occur.

**Liability Waiver:** I release and hold harmless Brock University, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program.

This waiver is effective for the period of time that I will be participating in the Program. I understand that this agreement cannot be modified or interpreted except in writing by Brock University and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

**I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER**

***Please Print***

Full Name of Program Participant (as it appears on passport):

\_\_\_\_\_

Passport Number: \_\_\_\_\_ Permanent Telephone Number: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*(number / box number / apt. number, street, city, province, postal code)*

\_\_\_\_\_

E-mail address (accessible abroad): \_\_\_\_\_

\_\_\_\_\_

*(Signature of Participant)*

\_\_\_\_\_

*(Date)*

**I CERTIFY THAT THE ABOVE PARTICIPANT HAS READ AND UNDERSTOOD THIS WAIVER FORM:**

\_\_\_\_\_

*(Witness as to Signature of Participant)*

\_\_\_\_\_

*(Date)*

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