

## Travel Waiver

To: Huron University College ("Huron")

Student Name \_\_\_\_\_

Course (if applicable) \_\_\_\_\_

Destination \_\_\_\_\_

Trip Date(s) \_\_\_\_\_

Instructors Name \_\_\_\_\_

During the dates listed above, I acknowledge that I will be involved in travel (the "Trip") in conjunction with the course at which I am enrolled at Huron. I will be involved in the Trip to gain experience that will assist me in my education at Huron and in accordance with the course curriculum. My participation in the Trip is voluntary and upon my own initiative, risk and responsibility.

In consideration of Huron facilitating this arrangement and my enrolment in the course, I (for myself, my heirs, executors and administrators) release, discharge and agree to indemnify the course faculty, Huron, and their respective agents, employees, contractors, officers and directors who have any role in the Trip, acting officially or otherwise, from all claims on account of my death or on account of any injury to me or for damage to my property that may occur from any cause in connection with the Trip, regardless of whether such death, injury or damage is caused, in whole or in part, by the negligence of any of those indemnified.

I acknowledge that I have the appropriate medical coverage in place for my own needs.

I intend to indemnify the above named parties from the consequence of any negligence, whether that negligence is the sole or concurring or contributory cause of the death, injury or death.

I execute this waiver having had an opportunity to review the same and, if I deem necessary, consult with independent legal counsel. I fully understand the consequences of signing this waiver.

While participating in the Trip, I agree that I shall comply with all rules and policies applicable, including any workplace or health and safety rules and regulations. I understand that failure to abide by any such rules may result in me suffering personal injury or death or loss of property. Failure to abide by any such rules may result in the immediate termination of my ability to participate further in the Trip.

IN WITNESS WHEREOF, I have executed this instrument on the date below written.

DATED the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name of Student \_\_\_\_\_

Witness \_\_\_\_\_