NAME OF PARTICIPANT	Γ:	
ADDRESS OF PARTICIPANT:		
EMAIL ADDRESS OF PARTICIPANT:		
	(referred to as "this Trip" throughout this agreement)	
LOCATION(S) OF TRIP:		
	(referred to as "this Location" throughout this agreement)	
DATE(S) OF TRIP: From	: To:	
PREAMRI E		

REAMBLE:

Any manner of harm, injury, illness, death or property damage suffered by or resulting from an outbreak or increased cases of an Infectious Disease, Bacterial or Viral, including COVID-19 resulting in:

- Enactment of government regulations restricting travel inside or outside of this country or my ability to leave, travel through or return to any country including Canada. I understand that these regulations can be imposed or changed suddenly and that international transportation options could be reduced significantly, making it hard for me to travel or return to Canada. I also understand that the Government of Canada does not have plans to offer further repatriation flights;
- My insurance not covering my travel or medical expenses;
- Penalties, fines, criminal charges, imprisonment, etc. caused by my failure to comply with local or national regulations relating to an outbreak (whether known to me or not), including, but not limited to, requirements to wear protective equipment, self-isolate or quarantine.

I understand that the University of Calgary will not be responsible for any additional or increased costs related to taking this Trip and that those costs are mine alone. Such costs may include, but are not limited to increased personal costs, extending or cancelling my accommodations, escalated cost of travel or food, loss of non-refundable fees or expenses or any portion thereof.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

- 1. The University of Calgary and/or myself may be using the services of independent travel agents, travel guides and transportation companies. I understand and accept that the University of Calgary cannot accept responsibility for the conduct of these independent agencies.
- 2. I agree that The University of Calgary may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.
- 4. I agree to HOLD HARMLESS AND INDEMNIFY The Governors of the University of Calgary from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my participation in **this Trip**.
- 5. This Informed Consent shall be governed by and construed in accordance with the laws in force in the province of Alberta and the federal laws of Canada, as applicable. The courts of Alberta shall have exclusive jurisdiction over all claims, disputes and actions arising out of and related to **this Trip** and this Informed Consent and the parties hereby attorn to the jurisdiction of Alberta courts.

I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT I MAY CAUSE.

Signed thisday of	,·
SIGNATURE OF PARTICIPANT	WITNESS SIGNATURE (Non Family Member)
	WITNESS NAME (please print)

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and the paragraph Assumption of Risks must be completed including paragraph 3 must be initialed before the participant may participate in this Trip.