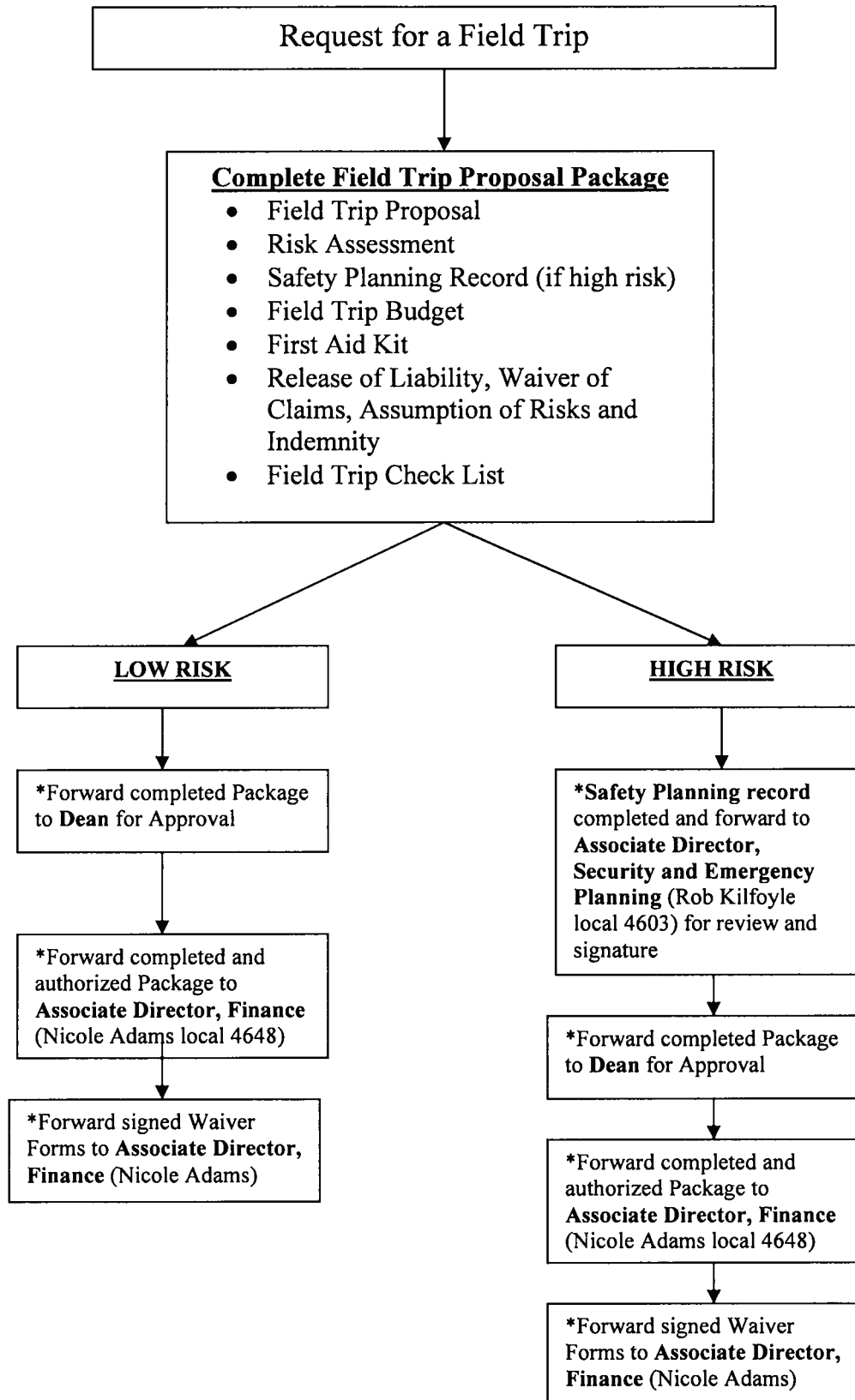




# **FIELD TRIP PROCEDURE GUIDE**



## Forms for Field Trip

1. Field Trip Policy (UFV)
2. Field Trip Approval Form & Risk Assessment
3. Safety Planning Record (if high risk activity)
4. Field Trip Budget
5. Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement for **LOW RISK** activities
6. Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement for **HIGH RISK** activities
7. Student Emergency/Medical Information for **HIGH RISK**
8. Driver Abstract Form (if required by Risk Assessment form)
9. First Aid Kit
10. Field Trip Check List



## UNIVERSITY COLLEGE OF THE FRASER VALLEY

### POLICY MANUAL

**POLICY TITLE:** Field Trips

**POLICY NUMBER:** 210.12

**DATE APPROVED:** 2007-05-24 **RESOLUTION NUMBER:** 062/07

**POLICY:** Field trips must have documented procedures for their safe and effective functioning.

**DATE OF REVIEW:** 2011

**POLICY HOLDER:** Vice-President, Academic

**APPROVAL AUTHORITY:** Board of Governors, under the College and Institute Act part 4, section 24, subsection 2 (a) and section 19, subsection 15 (b)

**REPLACES POLICY #:** One section in Policy 210.01 – Instructional Responsibilities

**APPLICABILITY:** Students

**CATEGORY:** Educational

**RELATED LEGISLATION, POLICIES, REFERENCE:** 31 0.02 – Attendance

**DEFINITIONS:** **Field trip:** An organized, off-campus, course-related activity.

#### PROCEDURES & GUIDELINES:

1. Students in a course which includes field trips will be given or directed to a copy of the field trip procedures.
2. Instructors may require students to acknowledge, in writing, that they received these procedures.
3. A field trip leader can remove a student from a field trip for non compliance with the procedures.



## RISK ASSESSMENT FORM

Form FT-P

Type of Risk	Description/examples	Additional Forms to Complete
Low Risk <input type="checkbox"/>	<p>*Low risk activities includes activities that do not pose a high risk as they are conducted at other accredited institutions.</p> <p>*Examples include other universities, hospitals, libraries, art galleries, academic conferences, etc. in areas that are:</p> <ul style="list-style-type: none"> <li>• politically stable,</li> <li>• there is no significant health risk and</li> <li>• easily accessible via public transportation.</li> </ul>	<input type="checkbox"/> Waiver of Claims Form <b>100FT-LR</b>
High Risk <input type="checkbox"/>	<p>*High risk activities include activities which do not meet the low risk definition, or have specific hazards or potential hazards.</p> <p>*Examples of specific/potential hazards include:</p> <ul style="list-style-type: none"> <li>• locations which are not easily accessible or are remote or unfamiliar territory or high crime or politically unstable</li> <li>• adverse/extreme weather, such as snow/ice, flooding, etc.</li> <li>• high altitude activities, such as hiking and climbing</li> <li>• areas where additional immunization and vaccines are required or pose a potential health risk</li> <li>• physical demands, including heavy lifting/carrying</li> <li>• chemical hazards, including transporting hazardous material</li> <li>• biological hazards, including potential poisons, animal attacks or bites, allergies</li> </ul>	<input type="checkbox"/> Safety Planning Record  <input type="checkbox"/> Assumption of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement. <b>Form 100FT-HR*</b> .  *Please identify the particular risks associated with the field trip. If you have any questions, contact Finance.

### Transportation during Activity/Field Trip

Type of Transport	Description	Additional Forms to Complete
Private Vehicles <input type="checkbox"/>	<p>*students will be driving their own vehicles and/or carpooling with fellow students</p> <p><b>*students co-ordinating the carpool</b></p>	N/A
Private Vehicles <input type="checkbox"/>	<p>*students will be driving their own vehicles and/or carpooling with fellow students</p> <p><b>*faculty co-ordinating the carpool</b></p>	<input type="checkbox"/> Driver Abstract Form for Each Student Driver
Chartered Bus <input type="checkbox"/>	<p>*students will be transported by a bus company which is responsible for maintaining adequate insurance coverage</p>	N/A
15 passenger van <input type="checkbox"/>	<p>*use of a rental van or use of UFV's van</p>	<input type="checkbox"/> Complete Authorization for use of 15 passenger van

Other mode of transportation: \_\_\_\_\_

<b>Approval Signature of Dean</b> _____	<b>Date</b> _____
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**Safety Planning Record**

(required if activity is defined as high risk)

**I. General Information**

Department: \_\_\_\_\_ Project Co-ordinator: \_\_\_\_\_

Location of Activity:  
Country: \_\_\_\_\_

Geographical Site: \_\_\_\_\_

Nearest City (name, distance to): \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

UFV Faculty/Staff participating: \_\_\_\_\_

Are any of the UFV Faculty/Staff trained in First Aid ?  Yes  No

**II. Hazard Identification** – identification of the hazards is critical to ensuring the safety of the participants. The following checklist will provide a guide to identifying common hazards, however, the Project Co-ordinator should review all aspects of the activity to ensure comprehensive hazard identification has been completed.

**(A) Physical Demands** – What physical demands will the activity entail?

Climbing       Extreme Heat       Manual lifting, carrying or handling heavy loads  
 High Altitude       Extreme Cold       Other:

---

**(B) Orientation:**

Yes	No	NA	
			Has any participant reported a condition that may require exceptional medical, physical or emergency accommodations? If yes, describe special arrangements and attach to form.
			Have arrangements been made to provide participants with: <input type="checkbox"/> Potable water <input type="checkbox"/> Personal washing/hygiene <input type="checkbox"/> Toilet facilities or procedures
			Are participants aware of suitable clothing, footwear and personal supplies required (e.g. boots, hat, raingear, sunglasses, sunscreen, insect repellent)? List required personal supplies and attach to form.
			Have arrangements been made to provide participants with, and train them in the safe use of, appropriate personal protective equipment such as: <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Coveralls <input type="checkbox"/> Protective Footwear <input type="checkbox"/> Protective Headwear <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Face shield <input type="checkbox"/> Other: <input type="checkbox"/> Knee/shin guards <input type="checkbox"/> Flame retardant clothing

Other Hazards/Protective Measures/Comments : \_\_\_\_\_

<b>(C) Working Alone:</b>		
Yes	No	NA
		Will any participant be working alone ?
		Has an effective communications system been established (e.g. radio, walkie-talkies, phones, whistles, air horns, flares, frequent and scheduled contact)? Describe system:
		Are there limitations or prohibitions on certain activities while alone?
		Provision of emergency supplies
		Establishment of minimum training or experience or other standards of competency before working alone
		Other:
Other Hazards/Protective Measures/Comments :		
<b>(D) Remote Hazardous Areas</b>		
What communication systems will be employed?		
<input type="checkbox"/>	Cell phones	<input type="checkbox"/>
<input type="checkbox"/>	Radio or Walkie-Talkies	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Leaving planned itinerary at Base Camp	<input type="checkbox"/>
<input type="checkbox"/>	Leaving Itinerary at Base Camp	<input type="checkbox"/>
<input type="checkbox"/>	Whistles/Air Horns	<input type="checkbox"/>
<input type="checkbox"/>	Scheduled contacts	
How will participants remain orientated to their location?		
<input type="checkbox"/>	Provision of maps	<input type="checkbox"/>
<input type="checkbox"/>	Compass Provision	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	Compass/Map Training	<input type="checkbox"/>
<input type="checkbox"/>	Local guides	<input type="checkbox"/>
<input type="checkbox"/>	Identification of safest routes	<input type="checkbox"/>
<input type="checkbox"/>	Area familiarization trips	
What procedures have been established in the case participants become lost?		
<input type="checkbox"/>	Participant training on remaining at location, use of emergency alarms, use of emergency survival gear	
<input type="checkbox"/>	Provision of survival gear	
<input type="checkbox"/>	Procedure for organized search	
<input type="checkbox"/>	Precautions against fire	
<input type="checkbox"/>	Precautions in the event of extreme weather conditions	
<input type="checkbox"/>	Other Hazards/Protective Measures/Comments: _____	
<b>(E) Wildlife</b>		
Yes	No	N/A
		Have participants been adequately trained in the handling, capture and restraint of study species?
		Will participants be administering drugs/anaesthetics or obtaining biological samples? If so, have they been trained in techniques appropriate to the species and in how to manage disposal of waste or surplus materials?
		Have participants been instructed on techniques to avoid unexpected encounters with potentially dangerous wildlife?
		What possible diseases may be carried by wildlife in the study area (e.g. rabies, hanta virus)?
		Are participants familiar with the methods of contraction of disease from wildlife in the area?
		Do the species of study potentially carry zoonosis?
Other Hazards/Protective Measures/Comments :		

<b>(F) Chemicals and Hazardous Materials</b>		
Yes	No	N/A
		Is each controlled product properly identified with a supplier and workplace label?
		Will Material Safety Data Sheets for each controlled product used be readily available to participants?
		Do participants have current certification in Workplace Hazardous materials Information System (WHIMIS) and Transportation of Dangerous Goods (TDG)?
		Will appropriate materials be available to adequately handle hazardous materials, spills, leaks or releases? Describe materials and attach to form.
Other Hazards/Protective Measures/Comments: _____		
<b>(G) Safe Use of Equipment and Work Processes</b>		
Yes	No	N/A
		Are participants trained to operate the equipment safely and in compliance with regulatory standards?
		Have employees been trained in safe work procedures?
List powered or hazardous equipment: _____ _____		
List powered or hazardous equipment: _____ _____		
Some equipment and processes to which specific regulatory standards apply include:		
<input type="checkbox"/> Chain Saws <input type="checkbox"/> Explosives <input type="checkbox"/> Compressed Air <input type="checkbox"/> Fall protection about 1.2 meters <input type="checkbox"/> Confined space <input type="checkbox"/> Flammable substances <input type="checkbox"/> Diving <input type="checkbox"/> Ladders <input type="checkbox"/> Excavation/Trenching/Tunnelling <input type="checkbox"/> Lifting Devices and Hoists <input type="checkbox"/> Noise exposure about 85dBA <input type="checkbox"/> Scaffolds <input type="checkbox"/> Powered saws, grinders & planers <input type="checkbox"/> Travel on Ice over water <input type="checkbox"/> Powered Mobile Equipment (i.e. roll over protection, seatbelts, competent operators) <input type="checkbox"/> Minimum Distances from exposed energized conductors (e.g. power lines)		

### III. Requirements

Travel Immunization/Prophylaxis Requirements:		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Polio	<input type="checkbox"/> Other (specify below): _____ _____ _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Rabies	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Japanese Encephalitis	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Malaria	<input type="checkbox"/> Typhoid	
<input type="checkbox"/> Measles	<input type="checkbox"/> Yellow Fever	

#### Equipment

All equipment to be taken on a field trip must be checked by a qualified person to ensure that it is in good condition, complete and safe (before removal from campus). Documentation on this pre-trip assessment of the equipment is advised. Individuals operating the equipment must be trained in the proper use of the equipment.

Clothing

All participants should be informed of the appropriate clothing to be worn while conducting their activity. The appropriate clothing may have to be provided by the University or the participant may have to provide his or her own clothing, depending on requirements.

It should be identified whether or not there is special protective gear to be used while conducting the particular activity and where necessary, this protective clothing must be used and the appropriate training provided in the proper use and maintenance of the personal protective equipment.

When extreme weather conditions can be anticipated or are known, clothing appropriate to the situation should be taken on the activity.

Participants must employ common sense in terms of clothing worn on the excursion. Participants inappropriately attired will not be allowed to participate in the activity.

First-Aid Kits

First-aid kits are required for all off-campus operations. It is the responsibility of the Project Co-ordinator to provide and ensure the kit is maintained. Prior to the departure for fieldwork, the Project Co-ordinator is responsible to document the presence of a first-aid kit for the trip and any other required first-aid supplied.

**Emergency Preparedness and First -Aid**

Yes	No	N/A	
			Has itinerary been left with responsible person at the University?
			Will itinerary be left with responsible local authority?
			Are emergency contact numbers for local emergency assistance known?
			Are emergency contact numbers for each participants known? List or describe location of list:
			Are BC Health Insurance Numbers for each participant available? List or describe location of list:
			Is first aid kit complete
			Are all participants familiar with the location of first aid kit and its contents?
			Has nearest medical facility been identified? Include Name, Location, & Distance from fieldwork site:
			Is a first aid attendant required? Name of attendant(s):
			Are additional first aid supplied required? List:
			Is there means to summon assistance in case of emergency? Describe:
			Are participants familiar with the University of the Fraser Valley Study Tour Incident Reporting Process?

Other Hazards/Protective Measures/Comments: \_\_\_\_\_

Must be completed 30 days prior to activity

**IV. Emergency Procedures**

Include information on communication, equipment, local emergency contacts, emergency University of the Fraser Valley contacts, etc. (attach copy to form)

University Contact and Phone #	Local Contact and Phone #
1.	1.
2.	2.
3.	3.
4.	4.

**Equipment Requirements:**

- Specialized clothing – describe: \_\_\_\_\_
- PPE (respirator, eye/face protection/head protection/footwear/high visibility wear) – describe: \_\_\_\_\_
- Training on safe use procedures for power equipment
- Other training
- Communication devices (e.g. whistles, 2 way radios)
- First Aid Kit
- First Aid attendant
- Licenses (e.g. vehicle/boat/diving equipment)
- Other: \_\_\_\_\_
- Additional First Aid or medical supplies
- Emergency supplied
- Vehicle travel survival kit
- Material Safety Data Sheets
- Maps

**Risk assessment:**

List identified hazards related to activities or environment (i.e. extreme heat or cold, wild animals, endemic disease, firearms, explosives, violence, politically unstable), and chosen available measures for eliminating or reducing risks to acceptable levels:

RISK	PRECAUTIONS TO BE IMPLEMENTED
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

**V. Authorization**

**Signature of Project Co-ordinator**

I acknowledge that all risks and safety plans have been outlined to the best of my knowledge. If there are any changes to the itinerary, I will amend the safety planning record and forward to the Associate Director of Security and Emergency Planning.

---

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Associate Director, Security and Emergency Planning**

I acknowledge receipt of the safety planning record and confirm sufficient planning has been done to mitigate this high-risk activity.

---

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# FIELD TRIP BUDGET

(CDN dollars)

Expenses	Total
Transportation:	
Rental	
Insurance	
Fuel	
Other (Train, etc)	
Entrance Fees	
Supplies	
Incidentals	
Contingency	
Per diem	
<b>Total Expenses</b>	

**Additional costs to be covered by student**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**How is this field trip funded?**

- \_\_\_\_\_
- \_\_\_\_\_

\* Please contact Erin Harder in Finance (4010) if you require assistance to complete.



Form 100FT-LR

## FIELD TRIPS WAIVER OF RIGHT TO CLAIMS

I, \_\_\_\_\_, hereby acknowledge that participation in the <field trip/activity information here> may involve a certain degree of risk and/or danger to my person or property. I confirm I am physically and mentally capable of participating in this field trip/activity. Furthermore, I understand it is my responsibility to securing documentation including passports and health and travel insurance when travelling outside of the province of British Columbia.

*I understand that this <#of days> trip (<full date>) involves travel by motor vehicle to and from UFV. I understand that my participation in these activities, including participation in any extra curricular may involve a certain degree of risk and/or danger to my person or property.*

I hereby accept the risks and dangers of my participation, regardless of the nature of my injury(ies) I may receive and regardless of the manner they occur.

I hereby release the University of the Fraser Valley, its employees, volunteer staff, officers, and agents from any and all claims, damages and expenses upon my death, bodily or mental injury, or damage to my property or that property entrusted to my care that takes place as result of my participation.

Dated at <Abbotsford>, the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_

SIGNATURE \_\_\_\_\_ Age of student during field trip\* \_\_\_\_\_

\*If 18 years or under, student must have guardian must sign the Waiver of Rights to Claim for Field Trips.

Name: (print) _____	Birth date: ___ / ___ /19__
Address _____	
Telephone: _____	Fax: _____ Student Number: _____
Medical Information (Care Card Number) _____	
Medical conditions/allergies: _____	
Family Doctor Name: _____	Telephone: _____
Emergency Contact: (Name) _____	
Address: _____	
Telephone: _____	Cell: _____ Email: _____



100FT-HR

&lt;Field trip/activity information here&gt; Field Trip

**RELEASE OF LIABILITY, WAIVER OF CLAIMS  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**By signing this document you will waive certain legal rights, including the right to sue**

**PLEASE READ CAREFULLY!**

**PREAMBLE**

The <field trip/activity information here> field trip is an exceptional educational opportunity, but it is not without certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and course cancellation or curtailment. All persons taking part in the <field trip/activity information here> field trip are required to accept these and other risks as a condition of their participation in this venture. The University of the Fraser Valley, and its institutional partners and contracted guides, will not accept any liability for injury, loss, damage or expense sustained as a result of any person's participation in the <field trip/activity information here> field trip (the 'Field Trip').

The Statement of Risks set forth below is intended to enable participants to better understand the various risks involved in the Field Trip. All Field Trip participants will be required to sign the Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement set forth below, which will release the University of the Fraser Valley, its institutional partners, contracted guides, and the representatives of said institutions and organizations from any future claims which might arise as a result of the applicant's participation in the Field Trip.

**STATEMENT OF RISKS**

Field Trip participants may be subject to risks, anticipated and unanticipated, that could result in injury, disease, illness and death to participants and others involved in the Field Trip, as well as damage to or loss of property. Potential risks may include but are not limited to: cuts, bruises, sprains, strains, burns, fractures, disease, illness, heat injuries, paraplegia, quadriplegia, brain injury, assault, physical and mental injury, and death which may arise from accidents or incidents associated with the Field Trip or travel. The Field Trip involves the risks inherent in <international> travel. The majority of the Field Trip will take place in <field trip/activity information here>. There are risks, hazards and dangers to which all travelers to <destination/location> are exposed to. These include, but are not limited to **<traffic accidents due to a poor road and vehicle conditions, lack of motor vehicle safety practices, and poor transportation systems; communicable diseases from poor sanitation systems, lack of available medical treatment; injuries from crime and violence; exposures to dangerous insects or animals. Medical facilities and treatment available in ABCD and other cities in <destination/location> may well be of a lower standard than might be expected in <Canada/Lower Mainland>. Cities in XYZ may include a poor transportation system, diseases, and a different political system. AIDS is a serious health risk throughout the world; there are reported cases of AIDS in ABCD. ABCD is a relatively poor country, now rebuilding its economy, and there is a potential for crime.>**

The Field Trip will be using the services of <buses or other>. The University of the Fraser Valley cannot accept responsibility for the conduct of these independent agencies. It is always possible that the Field Trip might not be completed, or that individual courses or activities may be curtailed or cancelled, due to weather, illness, political disturbances, terrorism, motor vehicle or transportation accidents, transportation problems, political or ethnic violence, problems relating to customs, immigration or visa requirements, or other circumstances either within or beyond the control of the University of the Fraser Valley.

Initials: \_\_\_\_\_



100FT-HR

**<All participants in the Field Trip will be required to attend orientation and safety lectures on these and other risks and on the student behaviour required to minimize risk and disruption during the course of the Field Trip>**. It is the responsibility of each participant of the Field Trip to learn as much as possible about the risks of the venture, to weigh those risks against the advantages, and to decide whether or not to participate. The University of the Fraser Valley and its instructors and support personnel for the Field Trip cannot and will not assume liability in respect of any of these risks, dangers, hazards and liabilities. The University of the Fraser Valley and its instructors and support personnel for the Field Trip accept no responsibility and assume no liability with respect to any academic, vocational, medical, financial or tax advice received by a participant concerning the Field Trip. If, during the Tour, the participant does not fully understand or does not have complete confidence in, the participant's abilities in the completion of any procedure, activity or task that the Participant is about to engage in, it is solely the Participant's responsibility to ask the instructor any questions and require that the instructor further explain or clarify. I agree it is my sole responsibility to refuse to proceed with any activity, procedure or task that I am uncomfortable with or feel unsafe doing.

***Please read the following very carefully as your signature on this document indicates your understanding and acceptance of the terms of this document.***

### **Institutional Arrangements**

- A. I understand that the University of the Fraser Valley (referred to as UFV) does not represent or act as an agent for, and cannot control the acts or missions of the transportation carrier, hotel, tour organizer or other provider of goods and services involved in the Field Trip. I understand that the University is not responsible for matters that beyond its control. I hereby release the University of the Fraser Valley and its officers, employees, and agents from any injury, loss, damage, accident, delay or expense arising out of such matters.
- B. I understand that UFV is not in any way responsible for my well being with respect to any travel destinations beyond those specifically required under the Field Trip that I may choose to undertake before, during or after the Field Trip.

### **Health and Safety**

- A. There are no health-related reasons or problems which preclude or restrict my participation in the Field Trip.
- B. I have health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Field Trip. By my signature below I certify that I have confirmed that my health care coverage will adequately cover me while inside and outside of Canada and hereby release UFV, and the officers, employees or agents for any and all of them, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) occurring during and/or arising from the Field Trip, that I may incur because of those injuries or illnesses.
- C. University of the Fraser Valley may, but is not obligated to, take any actions regarding my health and safety that it considers to be warranted under the circumstances. I agree to pay all expenses relating thereto and release the University of the Fraser Valley from any liability for any such actions.

Initials: \_\_\_\_\_



100FT-HR

### Standards of Conduct

- A. I understand that each <foreign> country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, alcohol use and behaviour. I recognize that behaviour that violates those laws or standards could harm <University of the Fraser Valley's relations with those countries, as well as >my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Field Trip.
- B. I also will comply with University of the Fraser Valley's rules, standards, and instructions for student behaviour. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University of the Fraser Valley or that are cause by my failure to remain under such supervision or to comply with such rules, standards and instructions.
- C. I agree that University of the Fraser Valley has the right to enforce the standards and conduct described herein, in its sole judgment, and that it may impose restrictions, up to including removal and terminations from the Field Trip, for violating these standards or for any behaviour detrimental to or incompatible with the interest, harmony and welfare of University of the Fraser Valley, the Field Trip or other participants. I agree that procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University of the Fraser Valley do not apply. If I am terminated from the Field Trip, I consent to going home at my own expense with no refund or fees.
- D. I will be responsible for any legal problems I encounter with any <foreign nationals or government of the host country.> The University is not responsible for providing any assistance under such circumstances.

### Miscellaneous Legal Provisions

- A. I agree that, should any provision or aspect of this Release be found to be unenforceable, that all remaining provisions of the Release will remain in full force and effect.
- B. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release; I have the right to consult with the advisor, counselor, or attorney of my choice.
- C. This release represents my complete understanding with the University of the Fraser Valley concerning their responsibility and liability for my participation in the Field Trip. It supersedes any previous or contemporaneous understandings I may have had with University of the Fraser Valley on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

Initials: \_\_\_\_\_



<field trip/activity information here> Field Trip

100FT-HR

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**WARNING: BY SIGNING THIS, YOU GIVE UP THE RIGHT TO SUE.**

TO: THE UNIVERSITY OF THE FRASER VALLEY

I, \_\_\_\_\_, am aware that <field trip/activity information here> field trip involves many risks, dangers, hazards and liabilities including but not limited to those referred to in the PREAMBLE and STATEMENT OF RISKS set forth above. I freely accept and fully assume all such risks, dangers, hazards and liabilities and the possibility of personal injury, death, property damage, loss, expense or inconvenience resulting therefrom.

In consideration of the University of the Fraser Valley accepting my application to the <field trip/activity information here> field trip and allowing me to participate in the trip, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS, whether in contract or in negligence, that I have or may in future have against the University of the Fraser Valley and its directors, officers, professors, instructors, employees, agents, support personnel and other representatives (all of whom are hereinafter collectively referred to as "the Releasees") as a result of any loss, injury, disease, illness, death, and damage that I may suffer, by reason of or arising out of or, in any way connected with or resulting from my participation in the <field trip/activity information here> field trip.
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the <field trip/activity information here> field trip, due to any cause whatsoever, INCLUDING BREACH OF CONTRACT OR NEGLIGENCE ON THE PART OF THE RELEASEES.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any loss, damage, injury or expense to any third party, resulting from my participation in the <field trip/activity information here> field trip.
4. THAT THIS AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

**I am nineteen (19) year of age or older.**

**I have read and understood this Agreement prior to signing it.**

**I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.**

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME CLEARLY

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
PRINT NAME CLEARLY

## Student Emergency/Medical Information

Name: (print)	_____	Birth date:	___/___/19___
Student ID:	_____		
Address	_____		
	_____		
Telephone:	_____	Fax:	_____
Student Number:	_____		
Medical Information (Care Card Number)	_____		
Medical conditions/allergies :	_____		
Family Doctor Name:	_____	Telephone:	_____
Emergency Contact: (Name)	_____		
Address:	_____		
Telephone:	_____	Cell:	_____
Email:	_____		

### Driver Abstract Form

I have a valid Class \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_ (copy attached)

I certify that I have had no moving violations, no impaired driving charges, and no criminal charges related to a motor vehicle in the past 24 months.

\*Vehicle Make, Model and Year \_\_\_\_\_

\*Vehicle Plate Number \_\_\_\_\_

\*The vehicle has \$ \_\_\_\_\_ Third Party Liability Insurance. (A minimum \$10,000,000 is required for any vehicle with the capacity to carry more than ten people including the driver.)

The vehicle is maintained in a safe operating condition and will be equipped with tires appropriate for winter driving conditions.

The vehicle has \_\_\_\_\_ operating seat belts.

I agree to wear a seat belt and require all passengers to wear a seat belt.

I agree to operate the vehicle in a safe and legal manner.

I authorize a Criminal Record check.

\_\_\_\_\_  
Printed Name of Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Driver

\*As an alternative to these 3 items, a copy of the driver's insurance certificate could be required to be kept on file.



### Level 1 First Aid Kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

- 3 blankets
- 24 cleaning wound towelettes, individually packaged
- 60 hand cleansing towelettes, individually packaged
- 100 sterile adhesive dressings, assorted sizes, individually packaged
- 12 sterile gauze dressings, individually packaged
- 4 sterile pressure dressings with crepe ties
- 2 crepe roller bandages
- 1 adhesive tape
- 4 sterile abdominal dressings, individually packaged
- 6 cotton triangular bandages
- 4 safety pins
- 1 stainless steel bandage scissors or universal scissors
- 1 stainless steel sliver forceps
- 12 cotton tip applicators
- 1 pocket mask with a one-way valve and oxygen inlet
- 6 pairs of medical gloves (non-latex)

Additional questions, please contact Rob Kilfoyle, Associate Director of Security and Emergency Planning, local 4603.



## Field Trip Check List

- Photocopy of students' travel insurance\*
- Photocopy of students' passports\*
- Photocopy of Emergency Contacts for Students
- Waivers forwarded to Finance
- Drivers Abstract (if necessary) forwarded to Finance
- Contact information forwarded to Dean

\*for travel out-of-country