

**Form 4A | Student Travel Information**

**STUDENT TRAVEL INFORMATION**

Full Name			
Banner ID			
Current NS Address			
Cell Phone #			
Email			
D.O.B.		Citizenship	
Emergency Contact Name			
Emergency Contact Phone No.			

**TRAVEL PLAN**

Course			
Instructor			
Purpose of Travel			
Departure date		Return date	
Destination			
Host & Contact Information			
Provide Complete Itinerary			

**TRAVEL BY PRIVATE VEHICLE | Please see 2.3 Procedures for Traveling Safely**

- I will be a passenger in a car
- I will be sharing the driving **Provide copy of driver's license**
- I am renting a car
- I will be travelling in my own car **Complete the following:**

License Plate #	
Car Make/Model/Year	
Copy of Car Insurance	
Name of persons travelling in my car	

- There is a first aid kit in the car **If not, obtain one before departing**
- I am qualified in First Aid **Provide copy of card**
- I am qualified in CPR **Provide copy of card**

**INTERNATIONAL TRAVEL**

Passport #			
Issuing country		Expiry date	
Health/Travel insurance provider			

## Form 4B I Student Acknowledgement of Risk for Off-Campus Activity

### ACKNOWLEDGEMENT OF RISK FOR OFF-CAMPUS ACTIVITY

*This document must be read and signed before you may take part in the event described below. The purpose of the document is to inform you of the risks inherent in participating in this event. By completing and signing this document, you acknowledge that you agree to and understand the terms below.*

Participant's Name			
Course Name/Number			
Course Instructor			
Other Representatives			
Destination/s			
Purpose			
Traveling by:	<input type="checkbox"/> My car	<input type="checkbox"/> Another's car	<input type="checkbox"/> Other (specify)
Departure date		Return date	

#### To be determined by Faculty Member:

Personal Protection Equipment [PPE]:	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Steel-toed boots	<input type="checkbox"/> Other (specify)
Most Likely Risks in Participation			

#### IN CONSIDERATION of being permitted to participate in this activity, I understand and agree that:

- I will be travelling off-campus for the above-noted activity to site(s). I am responsible for being on time, to travel to and from the sites and that the transportation may leave without me if I am not on time.
- The Field Trip will include, but is not limited to this purpose. I will be required to wear the PPE listed during the Field Trip.
- Although Dalhousie University will endeavor to provide appropriate supervision, I recognize that there is an element of risk of injury in any activity associated with the outdoors. Injuries may result from, without limitation, traffic accidents, weather conditions, rough terrain, water-related accidents, the consumption of food or beverage, bodily contact with other persons, equipment malfunction, physical contact with insects and/or wildlife, sunburns, slipping, tripping or falling, falling objects such as rocks, trees and branches, and/or other hazards inherent to the environment of the Field Trip.
- I understand that all applicable rules for participation must be followed. My course instructor is not a professional leader, guide, or licensed first aid attendant. At all times during the Field Trip, the sole responsibility for my personal safety rests with me.
- I will immediately notify my course instructor or other listed representative if at any time I observe any unusual hazard or unsafe condition or I feel that I have experienced any deterioration in my physical, emotional or mental fitness, for continued safe participation in the Field Trip.
- I agree I am responsible for my own safety and well being during this activity.
- I declare that I have read, understood and agree to the contents of this Acknowledgement of Risk document in its entirety and I sign it freely and voluntarily without any inducement.

Participant Signature / date \_\_\_\_\_

Witness Signature / date \_\_\_\_\_