

STUDENT TRAVEL INFORMATION

Full Name _____
Student # _____
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 licence*
 I am renting a car
 I will be travelling in my own car *Complete the following:*
Licence Plate # _____
Car Make/Model/Year _____
Copy of Car Insurance _____
Names 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 information _____

ACKNOWLEDGMENT 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 _____
Travelling by:
 My car Another's car Other (specify) _____
Departure date _____ Return date _____

To be completed by Faculty Member:

Personal Protection Equipment [PPE]:
 Hard hat Steel-toed boots Other (specify) _____
Most Likely Risks in Participation _____

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

1. 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.
2. 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.
3. Although Dalhousie University will endeavour 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.
4. 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.
5. 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.
6. I agree I am responsible for my own safety and well being during this activity.
7. I declare that I have read, understood and agree to the contents of this Acknowledgment of Risk document in its entirety and I sign it freely and voluntarily without any inducement.

Participant Signature / date _____

Witness Signature / date _____