

# Acknowledgment of Responsibility And Liability Waiver

University of Manitoba Study/Work Abroad and Exchange Program  
Assumption of Risks, Responsibility and Liability Waiver

**ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.**

In consideration of the University of Manitoba (the "University") making arrangements for me to study/receive training at \_\_\_\_\_ [host institution name/name of country], for a period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (the "Program"), I agree as follows:

**Assumption of Risks:** I understand that the Program will take me away from campus for an extended period of time. During this period, I understand that I will be in an unfamiliar surrounding and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, disease, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers. I further acknowledge that I had other options, other than to participate in the Program, but selected to do so freely and voluntarily.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable policies and laws of the University and the host institution/country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate the University does not carry accident or injury insurance for my benefit and I acknowledge that I have been advised by the University of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the University to participate in the above-mentioned Program. I recognize that the University will not supervise any portion of the Program while I am attending at the \_\_\_\_\_ [host institution name] or in \_\_\_\_\_ [name of country]. Further, I recognize that the University will not arrange any living accommodations or extracurricular activities during my participation in the Program.

**Liability Waiver:** I release and hold harmless the University, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, disease, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program. I understand that this waiver cannot be modified or interpreted except in writing by the University and that no oral modification or interpretation shall be valid. This waiver shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

**Out of Country Program Checklist:** [http://umanitoba.ca/student/ics/media/Pre-Departure\\_Handbook\\_Tavelling\\_Abroad.pdf](http://umanitoba.ca/student/ics/media/Pre-Departure_Handbook_Tavelling_Abroad.pdf)

I acknowledge and agree that I have been provided with the Out of Country Program Checklist and hereby accept full responsibility for complying with all of the terms set forth therein, including, without limiting the generality of the foregoing, the sections numbered 1, 11, 14, 16, 17, 18, 19, 20 and 22, which apply more specifically to students traveling for a conference.

**I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER ON MY LEGAL RIGHTS AND RESPONSIBILITIES**

Student/Staff Name: \_\_\_\_\_ Student/Staff Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Telephone: \_\_\_\_\_

\_\_\_\_\_  
[Signature of Participant]

\_\_\_\_\_  
[Witness as to Signature of Participant]

Date: \_\_\_\_\_

(Please Print)