Release and Indemnification

WHEREAS I wish to participate in a field trip to MINNEAPOLIS, MINNESOTA, USA, as part of the SCHOOL OF ART course on **October 18 – October 21, 2017**, as well as any activities offered therein (hereinafter, collectively all activities referred to as the “Field Trip”);

IN CONSIDERATION of the University of Manitoba (the “University”) arranging for me to have the opportunity to participate in the Field Trip in a location off campus from the University and beyond the control of the University, more specifically at MINNEAPOLIS, MINNESOTA, USA (the “Destination”):

1. I ACKNOWLEDGE that there are potential risks associated with participating in the Field Trip, including, but not limited to:
   (a) **Vehicular and travel-related risks** due to vehicle roll-over or collision with animals or other vehicles and other miscellaneous accidents or incidents that may occur while traveling;
   (b) **Plant and animal allergens** such as pollen, poison ivy, stinging nettle, fungal spores, mosquitoes and ticks;
   (c) **Weather-related risks** such as tornadoes, lightning strikes, sunstroke, sunburn and hypothermia;
   (d) **Water-related risks** such as drowning or otherwise suffering harm while in, by or near water;
   (e) **Food-related risks** such as reactions, illnesses or infections arising from the consumption of food and water, choking and allergic reactions to food ingredients;
   (f) **Falling risks** from stairs or from any other elevated, raised, steep, slippery or uneven terrain;
   (g) **Viral and bacterial diseases** such as West Nile Virus, Hantavirus Pulmonary Syndrome or Lyme Disease that are conveyed by rodents and insects occurring in the vicinity of the Destination;
   (h) **Bodily-injury risks** such as fracturing or breaking limbs or other external or internal bodily injuries;
   (i) **Personal safety risks** such as being mugged, robbed or sexually assaulted;
   (j) **Miscellaneous risks** such as:
      (i) Errant gunfire from hunting activities, especially during approved hunting periods; and,
      (ii) Wildfire, especially during the spring, late autumn and dry periods;

2. (a) I AGREE TO PARTICIPATE in the Field Trip notwithstanding the above-stated risks;
(b) I FURTHER AGREE TO ASSUME ALL RELATED HEALTH RISKS of participating in the said Field Trip.

3. I, my heirs, executors, administrators and assigns RELEASE the University, its respective servants, agents or employees from any claims for personal injury (including death), damages, losses or other proceedings while I am engaged in the Field Trip or thereafter.

4. I FURTHER AGREE TO INDEMNIFY the University, its servants, agents or employees from any damages which may result or claims or demands which may be made against the University arising out of or in consequence of the Field Trip and/or my actions.

5. I FURTHER STATE that I am of lawful age and legally competent to sign this release, or that I have acquired the written consent of my parent or guardian.

In signing this Release, I am not relying upon any oral or written representations or statements made by the University other than what is set forth in this Release.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE UNIVERSITY.

IN WITNESS WHEREOF I have set my hand on the date set out below.

Signature _____________________________________________ Print Name __________________________________

Witness ______________________________________________ Date (MM/DD/YYYY) ___________________________
Border Crossing Manifest Information
(Please PRINT clearly)

Last Name: ___________________________________  First Name: ___________________________________

Middle Name: __________________________________

Birthday: _______________________________________  Gender: □ F    □ M
  (MMM/DD/YYYY)

Nationality: ___________________________________  Expiry Date: ______________________

Citizenship: ___________________________________

Expiry Date: ______________________  (MMM/DD/YYYY)

Country: _____________________________________

Expiry Date: ______________________  (MMM/DD/YYYY)

Passport Number: _____________________________  Expiry Date: ______________________

Visa Number (if applicable): _____________________  Expiry Date: ______________________

Expiry Date: ______________________  (MMM/DD/YYYY)

Enhanced Driver’s License Number
(if applicable): ________________________________  Expiry Date: ______________________

Expiry Date: ______________________  (MMM/DD/YYYY)
Emergency Medical Information
(Please PRINT clearly)

School of Art, University of Manitoba

Emergency Medical Information for:

Last Name: ________________________________________
First Name: _______________________________________
Student Number: ___________________________________
Date of Birth: ______ / ________ / _______
          DD        MMM            YYYY

Manitoba Health Card:
Registration Number: ____________________________

Personal Health ID Number: ____________________________

Other Health Card:
Province or Country Issued                                Health Card Number

Important Medical Information:
List all medications you are currently taking (prescribed and over-the-counter), allergies, and medical conditions:

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

In case of Emergency, please contact:

Name: _____________________________________________
Relationship: ________________________________________
Address: ___________________________________________
Home Phone: _________________________________________
Alternative Phone: ___________________________________