

# 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: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
(MMM/DD/YYYY)

Gender:  F  M

Nationality: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_  
(MMM/DD/YYYY)

Visa Number (if applicable): \_\_\_\_\_

Expiry Date: \_\_\_\_\_  
(MMM/DD/YYYY)

Enhanced Driver's License Number  
(if applicable): \_\_\_\_\_

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: \_\_\_\_\_

**REGISTRATION CARD**  
CARTE D'IMMATRICULATION

REGISTRATION NO.  
N° D'IMMATRICULATION: 000000

**SAMPLE**

JOHN DOE  
123 ANYWHERE  
WINNIPEG MB R3B 3M9

VALID ONLY IF RESIDENT OF MANITOBA  
VALABLE SEULEMENT POUR LES RÉSIDENTS DU MANITOBA

REG. # 000000

NAME(S) (NOM(S)) / SURNAME: JDHN

Sex: M / Date of Birth: 01/01/66

**ORGAN AND TISSUE DONOR CARD**  
Consent under The Human Tissue Act C.C.S.M. c.H180

I, \_\_\_\_\_ consent to the use, after my death: (please check ✓)

any needed organs or parts of my body; or

the following specified organs or parts of my body, namely: \_\_\_\_\_

for the following purposes:

transplant and other therapeutic purposes;

medical education purposes;

medical research purposes.

Donor Signature \_\_\_\_\_

Co-signature of parent or guardian where donor is under 18 years of age: \_\_\_\_\_

MANITOBA TRANSPLANT PROGRAM (204) 787-1897