

Release and Indemnification for Minor

WHEREAS I, as parent and legal guardian for my child (*Last Name*) _____, (*First Name*) _____ wish for my child to participate in a field trip to MINNEAPOLIS, MINNESOTA, USA, as part of the SCHOOL OF ART course on _____, 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 my child 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 my child 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 ALLOW my child to participate in the Field Trip notwithstanding the above-stated risks;
(b) I FURTHER AGREE TO ASSUME ALL RELATED HEALTH RISKS to my child of participating in the said Field Trip.
3. I, as parent and legal guardian for my child, on my behalf and on behalf of my heirs, executors, administrators, successors and assigns, RELEASE the University, its respective servants, agents or employees from any claims, personal injury, damages, losses or other proceedings while my child is 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 child's actions.
5. I FURTHER STATE that I am of lawful age and legally competent to sign this Release, and that I am the parent or legal guardian of my child and may sign on my child's behalf.
6. The executed Release may be delivered by facsimile transmission and shall be deemed an original.

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 MY CHILD OR MY CHILD'S 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'IMMATICULATION

Manitoba Health
Santé Manitoba

REGISTRATION NO.
N° D'IMMATICULATION: 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 Birthdate Coverage Date
Date de naissance Date de validité de la garantie

NAME(S) (NOM(S)) (P/NM) Sex Date de naissance Date de validité de la garantie

JOHN M 01 01 66 01 01 66

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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

000000
Registration Number

JOHN
000 000 000
Personal Health ID Number