TRAVEL STATEMENT OF RESPONSIBILITIES

(Club Name)

(herein referred to as the “Club”)

I, ____________________________, wish to participate in the above mentioned Club, and I therefore promise to abide by the following statements of responsibilities:

1. **Destination Rules and Customs.** I will abide by the laws, regulations and rules of the destination country, local jurisdiction, and host institution (the “local rules”). I know that I need to be sensitive to the social mores of the host culture. I understand that if I violate local rules, I may be subject to penalty or discipline under such rules.

2. **Alcohol and Drugs.** As a participant of the above mentioned University of Manitoba Club, I must follow all local rules with respect to alcohol and other drugs. Further, I understand that the University of Manitoba (the “University”) has a zero-tolerance policy with respect to the possession, use, manufacture, production, sale, exchange or distribution of illegal drugs. I am responsible for knowing and obeying the local rules regarding alcohol and illegal drugs. I understand that violations of local rules or University policy may result in immediate dismissal from the Club.

3. **Compliance Policies.** I must abide by the Constitution set forth by the Club.

4. **Health.** I will be responsible for my own health maintenance. In the event of serious illness, accident or emergency, I will inform the Coach or designated Safety Officer so that assistance may be secured, and so that my designated emergency contact may be notified.

5. **Behaviour.** I shall be committed to a behavior that will enhance the image of the University of Manitoba, Recreation Services and our Team. I shall conduct myself in the spirit of positive sporting behavior and fair play in all situations.

In signing this document, I acknowledge that I have had an opportunity to ask any questions I have about it, that I have read and understand it, that I accept its terms, and that I have signed it knowingly and voluntarily.

Signature: __________________________  Date: __________________________