**Participant Health Declaration and Consent for field trips in UTM Earth Science**

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| --- | --- | --- | --- | --- |
| Personal Details | | | | |
| **Full Name** |  | | | |
| Corse code & field trip name | **ERS225 – Field Methods** | | | |
| Date(s) of trip(s) |  | | | |
| **Email** |  | | **Phone** |  |
| Concerns | | | | |
| **Medical:**  **Please take time now to consider any medical issues that you feel may affect your safety or success at fieldwork. If you are comfortable disclosing your relevant medical issues, share your concerns with your instructors in person or in the space below. Consider discussing any concerns with your physician.**  **Bring any necessary medications you require with you (e.g. bring an epi-pen or inhaler if you require it), and take any precautions (e.g. wear medical bracelets). All medical information is strictly confidential and this form will be destroyed after the trip.** | | | | |
| **AccessAbility:**  Fieldwork is fun, but can be stressful. If you have had difficulty or foresee any potential issues working in groups and/or stressful outdoor situations, please consider discussing this with your instructors or make a note in the space below. Consider contacting UTM Accessibility Services in advance for support and resources. Preparing now will ensure the wellbeing of you and your fellow field trip participants. Everything is kept strictly confidential. | | | | |
| *Please write any concerns you want to share in this space.* *This form will be shredded after the course.* | | | | |
| Emergency Contact *(preferably someone in Mississauga / GTA)* | | | | |
| Name | |  | | |
| Relationship (e.g. parent, roommate etc.) | |  | | |
| City they live in: | |  | | |
| Phone(s): **REQUIRED** | |  | | |

**TURN OVER! 🡪**

***(Health and Consent Form continued)***

All students must comply with the Student Code of Conduct. ***It is the personal responsibility of each student to manage their own behaviour.*** Any student disobeying instructions, breaching the code of conduct, or requirements with respect to academic programme related activities, or behaving in a manner which staff members regard as unacceptable may be penalised. In extreme circumstances, a student may be dismissed from the field trip and removed from the course by the field trip staff who has been delegated authority from the Chair of the Department. All serious breaches of University Regulations and Policies will be reported to the University Proctor.

All students participating in *above mentioned course* in an off-campus location (within Canadian borders) through the University of Toronto, as described in the various program materials and orientation meetings, are doing so on a VOLUNTARY basis. This field course is held off-campus and may involve certain risk including, but not limited to, the hazards of traveling, accidents or illness in remote places without medical facilities, forces of nature, and travel by air, train or automobile. **I understand there is NO INSURANCE COVERAGE provided by the Department Chemical and Physical Sciences or the University of Toronto**. It is my responsibility to arrange any such coverage, as required for myself and/or for loss or damage to my personal property.

I understand that the University may not be able to ensure my complete safety at all times from risks and dangers. Also, I appreciate that there may be certain matters for which I could be held at fault personally: for example, if the accompanying circumstances do not relate to or arise from my education or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases, I agree to be accountable in all respects for my own actions and not to ask the University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against the University in relation to such actions.

I, the UNDERSIGNED, hereby acknowledge that certain risks of personal injury or property loss are inherent to my participation in *above mentioned course*. Risks may be minor or serious and may result from my own actions or the actions or inactions of others, or a combination of both. **IN VIEW OF MY VOLUNTARY ASSUMPTION OF ALL RISKS,** I agree for myself, and my family, heirs and executors that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO and its officers, employees, agents and assigns shall not be liable for any injury to my person, illness, loss or damage to my personal property, or any consequential damages arising or in any way resulting from my participation in *above mentioned course*. Without limiting the generality of the above, this RELEASE FROM LIABILITY includes any ILLNESS, ACCIDENT, SICKNESS, CANCELLATION, DELAY, ALTERATION, OR INCONVENIENCE suffered or incurred by me in consequence of or in any way related to the *above mentioned course* and my studies.

**I HAVE READ AND UNDERSTOOD THE ABOVE CONSENT AND RELEASE FROM LIABILITY IN ITS ENTIRETY AND AGREE TO BE BOUND BY THESE TERMS AND HEREBY CONSENT TO PARTICIPATE ACKNOWLEDGING ALL OF THE FOREGOING.**

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Name of Student Signature Date

**PHOTO & VIDEO PERMISSION**:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby, give permission to the Department of Chemical and Physical Sciences, University of Toronto Mississauga the right to reproduce, use, exhibit, display, broadcast and distribute photographed or electronic images and/or audio-video recordings taken of me in my participation in field course work in **ERS225** for use in connection with activities of the department or for promoting, publicizing or explaining the Department or its activities. (***DO NOT SIGN if you do not want your photo taken or shared***)

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Name of Student Signature Date