



## Project Serve Canada

Student Life and Counseling Services, Citizenship and Community Engagement  
Level 3, University Centre, University of Guelph, Guelph, ON, CANADA, N1G 2W1  
Phone: 519-824-4120, ext. 52782, Fax: 519-824-3432, Email: citizen@uoguelph.ca

### UNIVERSITY OF GUELPH ACKNOWLEDGEMENT OF RESPONSIBILITY AND LIABILITY WAIVER FOR VOLUNTEER PROGRAMS

**Student Number:** \_\_\_\_\_  
**Surname (Family Name):** \_\_\_\_\_  
**Given Names (CAPITALIZE commonly used names):** \_\_\_\_\_

**Location of Volunteer Program:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Name of Program Coordinator:** Emily Reed  
**Phone Number:** 519-824-4120, extension 52782 **Email:** ereed@uoguelph.ca

**Health Card Information**  
**Province:** \_\_\_\_\_ **Health Card #:** \_\_\_\_\_

**Student Permanent Address**  
**Address:** \_\_\_\_\_  
**City/Town/Village:** \_\_\_\_\_  
**Province:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_  
**Phone (country & area code, phone # and ext.):** \_\_\_\_\_  
**Fax (if applicable):** \_\_\_\_\_ **Email:** \_\_\_\_\_

I understand that participation as a University of Guelph student engaged in **Project Serve Canada** will take me away from campus for an extended period to time.

During this period, I understand that I will be exposed to certain risks. These risks may include, but are not limited to, death, injury, and/or loss of personal property due to: civil disorder, assault, sexual assault, kidnappings, violent crime, theft, fraud, petty crime, communicable diseases, environmental conditions, terrorist activities, natural disasters, acts of God, and/or traffic accidents. I am prepared to accept these risks.

In consideration of approval to participate in this program, I hereby release and hold harmless the University of Guelph, its agents and employees, from any and all liability for an loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in this program due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, delay, expense resulting from events beyond their control, acts of God, war, civil unrest, sickness, transportation, scheduling and government restrictions or regulations.

I further understand that it is my responsibility to abide by all applicable University policies, the laws of Canada, and to ensure that I have adequate medical, personal health, dental and accident coverage, as well as protection of my personal possessions.

I will not participate in any activity, including any political activity, which might endanger my local hosts and/or the University of Guelph partners.

I recognize that in the event of a general civil emergency, the University will endeavour to assist its students.

I understand that this agreement cannot be modified nor interpreted except in writing by the University of Guelph and that no oral modification or interpretation shall be valid.

#### I ACKNOWLEDGE MY OBLIGATIONS AND RESPONSIBILITIES AS OUTLINED IN THIS DOCUMENT.

**Student's Signature (please sign, don't type):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Witness' Signature (please sign, don't type):** \_\_\_\_\_ **Date:** \_\_\_\_\_