

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
ID Number: \_\_\_\_\_ City: \_\_\_\_\_  
Faculty \_\_\_\_\_ Postal Code: \_\_\_\_\_  
U of A Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I consent to be registered in FREN 333 and FREN 499 in the Spring term.

#### Emergency Contact Information

Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

What are you studying at the U of A? (Faculty, major, minor, year of study)

Previous French courses you have taken and the date completed:

Previous travel experience (destination, length of stay – eg. Personal, work):

### Housing

In La Rochelle, you will be provided room and board (breakfast and evening meal) by a local family. Any information you provide below is helpful in choosing the right family for you. It is not always possible to meet all your preferences, but every effort is made to accommodate your needs and those of the family.

**Housing Preferences (check all that apply):**

- Smoking  
 Non-Smoking

- Pet-free
- I am an animal lover.
- I am comfortable living with children.

**Food Preferences and Allergies:**

- Vegetarian
- Vegan
- Gluten Free
- I have allergies as listed here: \_\_\_\_\_

Please disclose, if comfortable, any medical concerns we should be aware of that may impact your trip:

Do you suffer from motion or travel sickness (eg. on boats)?  Yes  No

**About you:**

Do you consider yourself independent? For example, are you comfortable navigating your way in a new place?

- Yes  No

Activities, hobbies, or sports that you enjoy:

Tell us about yourself – your personality, your professional goals, your hopes for the trip:

Is there anything else you think is relevant to your placement in a home stay?

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*Please deliver a printed copy of this form and liability waiver to Dr. Julie Tarif, Arts 209-C. This form can also be delivered to the MLCS main office, Arts 200, on weekdays from 8am to 4pm (closed noon to 1pm). Note that your place in this program is not confirmed until approved by Dr. Tarif and your deposit is paid. Space is limited.**

**THE UNIVERSITY OF ALBERTA**  
**Modern Languages and Cultural Studies**  
**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**WARNING: PLEASE READ CAREFULLY!** By signing this document you indicate that you understand the risks associated with this activity, that you are aware that by participating in the activity you are being exposed to the risks identified below, and that you accept important legal obligations and waive certain legal rights, including the right to sue.

**NAME OF PARTICIPANT:** \_\_\_\_\_ **STUDENT ID #** \_\_\_\_\_

**ADDRESS OF PARTICIPANT:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **TELEPHONE NO:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **TELEPHONE NO:** \_\_\_\_\_

**REASON FOR THE TRIP** Study Abroad Program

**DATES: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**LOCATION** La Rochelle, France  
(City/Town, Province/State, Country) (Referred to as “this Trip” throughout this document):

**DISCLAIMER CLAUSE**

The Governors of the University of Alberta, Modern Languages and Cultural Studies, their officers, directors, employees, volunteers, members and representatives (hereafter referred to as “The University”) are not responsible for any injury, loss or damage to personal property, detention, imprisonment, illness, death or dismemberment arising out of any cause/nature whatsoever, sustained by any person while participating to this Trip. The University accepts no responsibility and assumes no liability with respect to any academic, vocational, medical, or financial advice received by the participant in relation to **this Trip**

**ASSUMPTION OF RISKS AND RESPONSIBILITIES**

I acknowledge that this trip involves inherent risks, dangers, hazards and liabilities to the participant. I fully understand and agree to assume the following risks and responsibilities that may result in personal injury, death, loss of or damage to personal property/belongings, legal expenses and other losses arise from, but are not limited to:

- 1) Travel to and from Canada, various locations to be visited as part of **this Trip** by aircraft, train, bus, public/private motor vehicle, and/or by other alternative transportation systems.
- 2) Street crime, armed robberies, carjacking, rape, credit card fraud, and diseases not common in Canada.
- 3) The medical facilities of **this Trip** may well be of a lower standard than expected in Canada and are limited.
- 4) The Location of **this Trip** may have hazards resulting from military and/or terrorist activity, previous or present, such as unexploded land mines and munitions.
- 5) There are many aspects of the travel are outside of the direct control of the University.
- 6) It is always possible that **this Trip** might not be completed or individual activities may be curtailed or cancelled, due to weather, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems and/or accidents, tribal violence, failure to perform on part of the travel agents, airlines or tour companies, problems relating to customs, immigration or visa requirements.
- 7) It is my sole responsibility to obtain a valid Passport or other satisfactory proof of residency as accepted for entrance into and exit from above noted location.
- 8) I should maintain a high level of personal security awareness, monitor local news reports closely, and avoid large crowds or gatherings.
- 9) I should particularly cautious when leaving banks and automated teller machines.
- 10) It is my responsibility to learn as much as possible about the risks of the venture, to weigh those risks against the advantages, and to decide whether or not to participate.

**Initials:** \_\_\_\_\_

**MEDICAL/HEALTH & TRAVEL INSURANCE**

1. **I AM SOLELY RESPONSIBLE** to select and purchase adequate medical/health insurance including out of province medical coverage. In the event of a medical/health problem, the University of Alberta accepts no responsibility for any costs associated with a medical/health problem nor will it pay for any medical/health expenses, which may be incurred by me.
2. **I AM SOLELY RESPONSIBLE** to select and purchase adequate travel insurance. The travel insurance should provide coverage against theft, personal accident, personal liability, repatriation and cancellation of tickets. The University of Alberta accepts no responsibility for any costs associated with these types of problems nor will it pay for any expenses that may be incurred by me relating to these areas.

I freely accept and assume all responsibility to provide myself with medical/health and travel insurance coverage.

Initials: \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of The University allowing me to participate in **this Trip**, I agree as follows:

1. **TO RELEASE THE UNIVERSITY** from any and all liability from set backs or course incomplection including any effect that may have on my dissertation, from any and all liability from any loss, damage, injury or expense that I may suffer as a result of my participation in **this Trip**, and in **the Location** of my choice;
2. **TO HOLD HARMLESS AND INDEMNIFY THE UNIVERSITY** and its respective directors, officers, agents, contractors, employees, volunteers, representatives from any and all claims, demands, actions and costs which might arise out of my participation in **this Trip** and all related activities:
  - for any damage to the property of, or personal injury to, any third party, resulting from my personal time and non-academic travels during **this Trip**;
  - in connection with the service of any train, vessel, carriage, aircraft, bus, boat, motor vehicle or other conveyance which may be used in my participation in **this Trip**. Neither will the University of Alberta assume any liability for any injury loss, accident or delay which may be occasioned by reason of any defect in any vehicle or through the act, error, neglect, negligence or default of any company or person engaged in conveying myself during participation in **this Trip**;
  - for any cancellation, injury, loss accident or delay occasioned by the proprietor, employee, or service of any hotel, hostel or other type of accommodation used by me during participation in **this Trip**;
  - for any injury, illness or death that I may sustain, which are related to or caused by any alcohol consumption while traveling and participating in **this Trip**.

**FREE TIME:** I will assume full responsibility for activities that I engage in during any and all times of **this Trip** when I am not involved in formal course work. Due to the nature of the location of **this Trip**, I will use the buddy system whenever possible and where not possible, I will advise those I am working with or living with as to my course work, plans or activities and the locations of these. I also recognize that I am a representative of the University of Alberta while on **this Trip** whether I am conducting course work or on free time and my conduct will reflect this representation at all times.

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and representatives in the event of my death or incapacity. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the University of Alberta other than what is set forth in this agreement.

**ALBERTA Freedom of Information and Protection of Privacy Act (FOIPP):** By signing below, I consent to having the information in this document collected by the University. The personal information requested on this form is collected under the authority of the Universities Act and Section 33 (c) of the FOIPP Act to determine participation in **this Trip**. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIPP Act. For further information, contact Information and Privacy Office at (780) 492-9419.

**ACKNOWLEDGEMENT**

**I ACKNOWLEDGE** that I have read and understood this agreement; that I appreciate and accept the risks associated with **this Trip**; that I am waiving legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against the University of Alberta; and that I have executed this agreement voluntarily.

**SIGNED THIS** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at Edmonton, Alberta.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
PRINTED NAME OF WITNESS

\_\_\_\_\_  
WITNESS ADDRESS & PHONE NUMBER

**Note: Document must be copied to a single page back to back when used.**  
**Signed documents must be filed with the Department/Faculty and be kept for a minimum of five years**

Updated: February 2007  
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