# Informed Consent, Risk Acknowledgement & Indemnity Agreement

***(Appendix C)***

|  |  |
| --- | --- |
| **Initial:** | **To: The GOVERNORS OF THE University of Lethbridge (the “University”)****Informed Consent, Risk Acknowledgement & Indemnity Agreement****WARNING:** By signing this document you indicate that **you understand the risks** associated with the Course, that you are aware that by registering in the course and attending its off-site activity **you may be exposed to the risks** identified below. **It gives the University authority to secure medical assistance for which you agree to be financially responsible.** You are also agreeing to assume financial responsibility for any damage to third persons to which you are legally liable.**PLEASE READ CAREFULLY!** |
|  |

Student’s Full Name:       U of L Student ID #:

Address:       Telephone #:

Term and dates of activity (*i.e., Fall 2023 Sept 4-Dec 21, 2023*):

Practicum Site Location (*City, Province, Country*):

**THE EDUCATIONAL PROGRAM:**

I am aware that as a requirement of my Educational Program, I am required to successfully complete practicum courses and that all practicum courses must be completed at Practicum Sites approved by the University of Lethbridge, Faculty of Education. My enrollment in the Master of Counselling or Master of Education Counselling Psychology (hereinafter collectively referred to as the Program) with the Faculty of Education at the University of Lethbridge involves significant practical experience and opportunities to work closely with professionals and students. The Program may require travel to practicum sites located within the City of Lethbridge, or surrounding areas or may involve an inter-provincial placement. Further, transportation to attend Program activities is arranged solely by each student.

**ASSUMPTION OF RISKS:**

I understand and agree that there are hazards and risks inherent to my participation with the Program activities, any of which could cause me bodily injury or permanent disability or loss of life and/or loss or damage to my property, including but not limited to those risks and hazards associated with:

1. Travel and transportation by all modes and types and risk of motor vehicle collision, mechanical failure, and human error; and
2. Risks and hazards associated with other premises and acts or omissions of others;
3. Potential for theft, vandalism, damage, or loss of personal property;
4. Risk of exposure, contraction, transmission, or lingering effects of communicable disease active within the community including those of Covid-19 and its variants.

I fully acknowledge that I have read the information provided in the Program Handbook: Schedule “B” WCB or Distant Learner Agreement for Students in Practicum Placements and that I fully comprehend the information provided and my obligations, if any, to ensure the placement of WCB coverage or alternate insurance coverage if coverage is not available to me as noted in Schedule “B”. I understand if I am not entitled to Alberta WCB Coverage as noted in Schedule “B” that I must discuss any concerns that I have with the Faculty of Education (The Faculty) and, if required, Campus Safety, Insurance & Risk.

I also understand that In the unlikely event that I suffer any injury or illness as a result of my learning at the Practicum Site that I am required to complete a Safety Report for the university which is available online at [https://www.ulethbridge.ca/campus-safety](https://www.ulethbridge.ca/campus-safety%20) and notify the Faculty and the practicum site as soon as possible. I acknowledge and understand that there is also a requirement to timely report such injury to the appropriate Workers’ Compensation authority of the province where the host practicum site operates. I further understand that my failure to do so may impair or impede my access to Workers Compensation insurance benefits where available or any other available insurance coverage.

**In consideration of the UNIVERSITY accepting my course registration in and permitting me the opportunity to participate in the Program activities as part of the learning experience, I hereby agree:**

1. That the University or hosting practicum site may secure such medical advice and services as it, in its discretion may deem necessary for my health and safety and I shall be financially responsible for such advice and services. I also appreciate that as a student enrolled in the Program that should any injury, illness, death, loss, expense, other liabilities or consequences be sustained from my presence at the Practicum Site, I acknowledge that I may be entitled to Workers Compensation Coverage under the auspice of Alberta Learning, or in the case of a distant learner coverage under an individual basic medical and extended health plan or accident coverage, through the University’s Accidental Injury Coverage for Student Placements; and
2. That if I am supplying my own equipment or driving myself for the Program, that I am responsible for ensuring that my property is secure, maintained and adequately insured to cover off any liability, loss or damage and understand the University of Lethbridge accepts no responsibility for any liability, loss or damage resulting from any use or misuse therein; and
3. **I agree TO HOLD HARMLESS AND INDEMNIFY** The Governors of the University of Lethbridge from all liability for any damage to the property of, or losses or personal injury to any third party resulting from my participation in the Program and its activities for which I am legally liable and to which the University’s insurance program does not extend coverage to.

**I CONFIRM THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO ACCEPTING IT AND AGREE TO BE BOUND BY ITS TERMS.**

Student Signature:      Date Signed:

The personal information requested on this form is collected under authority of the *Alberta Post-secondary Learning Act* (Alberta) and section 33c of the *Freedom of Information and Protection of Privacy Act (Alberta) (the “Act”) and will be protected under Part 2 of the Act.* The information is collected for the purpose of determining participation in off -campus course related activities. Questions related to the collection, use or disclosure of your personal information can be directed to the University of Lethbridge *Privacy Office, 4401 University Drive W, Lethbridge, AB T1K 3M4, 403-332-4620, email:* *foip@uleth.ca* *.*