



BROCK INTERNATIONAL

Brock University, 500 Glenridge Avenue, St. Catharines, Ontario, Canada L2S 3A1
Tel. (905) 688-5550, extension 4404 or 4088 • Fax (905) 688-2074 • www.brocku.ca

ASSUMPTION OF RISKS, RESPONSIBILITY, and LIABILITY WAIVER
for
**VISITING INTERNATIONAL PROFESSOR (VIP), VISITING INTERNATIONAL
SCHOLAR (VIS), UNIVERSITY MENTORSHIP (UM) PROGRAMS;
EXCHANGE OF LECTURERS; VISITING INTERNATIONAL STUDENT PROGRAMS**

**WARNING! BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP
CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

PLEASE READ CAREFULLY

In consideration of being permitted to participate in the (check):

☐VIP ☐VIS ☐UM program

☐ exchange of lecturers ☐ visiting student program, as follows:

(Brock Faculty / Department / Centre / Institute Name, or Visiting Student Program Name)
at Brock University, St. Catharines, Ontario Canada L2S 3A1,

I, _____, **agree as follows:**

Assumption of Risks: I understand that participation in a Visiting International Professor, Visiting International Scholar, or University Mentorship Program, or a program of exchange of lecturers at Brock University, or a Visiting Student Program ("the Program") will take me away from my home country and home institution for an extended period of time.

During this period, I understand that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of violence and crime, civil unrest, homesickness, and loneliness. **I freely and voluntarily accept and assume all such risks, dangers and hazards.**

Accordingly, I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers.

Assumption of Responsibility: I understand that it is my responsibility to be aware of and abide by all applicable Brock University and home institution policies and laws of Canada and the Province of Ontario, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as adequate protection of my personal possessions. More particularly, I appreciate Brock University does not carry accident or injury insurance for my benefit, and also that there may be certain matters for which I could be held at fault personally if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. I agree to be accountable in all respects for my own actions and not to ask Brock University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against Brock University in relation to such actions.

I acknowledge that I have been advised by Brock University of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the University to participate in the above mentioned Program. I recognize that Brock University will not directly supervise my academic programs, living arrangements, extracurricular or other activities during my participation in the Program.

I further acknowledge that I will provide the Brock International office with my valid and current home and work addresses, telephone numbers, and e-mail addresses in my home country and in Canada, and will inform that Office of any changes in these details as soon as they occur.

Liability Waiver: I release and hold harmless Brock University, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program. I further release and hold harmless Brock University, its employees, students and agents from any and all claims of negligence with regard to any and all aspects of participation in the above mentioned Program.

This waiver is effective for the period of time that I will be participating in the Program. I understand that this agreement cannot be modified or interpreted except in writing by Brock University and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

I HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER

(Please Print)

Name (as it appears on passport):

Passport Number: _____

Permanent Address: _____
(number / box number / apt. number, street, city, province/state, postal code)

Local Address in Canada: _____
(number / box number / apt. number, street, city, province, postal code)

Permanent Telephone Number: (_____) _____

Local Telephone Number in Canada: (_____) _____

E-mail address(es) (accessible abroad): _____

(Signature of Participant)

(Date)

(Witness as to Signature of Participant)

(Date)

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