

I herewith certify that :

- the information I entered into the online registration system is complete and correct, and that failure to do so may void my right to participate.
- that I meet all course requirements, and that I understand that failure to disclose any missing prerequisites voids my right to participate in this course.
- that I do understand that my registration is not final until the course fee has been paid in full (as well as the fees which have to be paid to Office of the Registrar).
- that I understand that the full amount of the course fee must be paid by money order (made out to the University of Toronto), or cash no later than February 26th. Personal cheques will not be accepted.
- I, the undersigned, acknowledge that I have read the University's Guidelines for Safety in Field Research and in keeping with it,
- I have been fully informed of the risks of this field research (i.e., I have read the GLG340 course web-page on field safety, and I will attend the field safety introduction session) and I accept them.
- I am in a satisfactory state of health to undertake the research, and I have advised the team leader of any medical condition I might have, which could influence my safety during field work.
- I understand that non-compliance with safety rules may void my right to participate in this course

First Name:

Family Name:

Student Number:

Signature of Student:

Date:

ERS325/GLG340 Field Camp I, Liability Waiver

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Consent Form and Release from Liability for Off-Campus or International Field Courses

Name of Student: _____
Date of Course: April 30 to May 9th, 2010
Name of Course: ERS325/GLG340 Field Camp I, 2010

All students participating in off-campus course, ERS325/GLG340 Field Camp I in Canada 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 in Canada and may involve SIGNIFICANT RISKS such as travel to and from and living in a foreign country under different conditions of public or private health, sanitation, communication, infrastructure, politics and environment.

I understand there is NO INSURANCE COVERAGE provided by the ACADEMIC UNIT, 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 any personal property. I confirm that I have arranged MEDICAL INSURANCE for the duration of my travel abroad. I am aware that health insurance may not cover all aspects of travel, including but not limited to high risk activities, injury caused by civil war and natural disasters, long-term disability and health care.

I understand that the University may not be able to ensure my complete safety at all times from such risks and dangers. Also, I appreciate that there may be certain matters for which I could be held at fault personally 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 the field 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, or may be beyond control (such as the risk of illness, disease, war or violence).

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 the NAME OF FIELD 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 NAME OF FIELD COURSE and my studies abroad or while being transported from or to Canada, including any claims resulting from the operation of a motor vehicle, or motorcycle/mobylette in any other country

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.

Name of Student:

Signature:

Date:

For all students under the age of 18 years: parents or legal guardians are also required to sign this form.
Parent or Guardian:

Signature:

Date:

Photograph Release Form

I, hereby

give permission:

deny permission:

to use photographs and/or any digital likeness of myself in any University of Toronto promotional material and publications.

Please note that while photos are intended for use by the Department of Geology we occasionally have been asked for photo submissions of students from the Faculty of Arts and Science for things like the Girls Rock program, Advancement brochures (for Geology but prepared by the University).

Name:

College:

Year of Study:

Program:

Expected Graduation Date:

Signature:

Date: