Department:  

Project Supervisor:  

Does this request cover a course of study?  
Yes  No  

Does this course of study repeat every term or every year?  
Yes  No  

Does this request cover multiple identical trips  
If YES, describe:  

Dates of Trip:  

Description of Project (Objective, Teaching/Research, location etc.):  

Field Site & Equipment Hazard Assessment and Plan (See Field Trip Policy Guidelines)  
Yes  No  Not Warranted  

Communications Assessment & Emergency Preparedness Plan: (See Field Trip Policy Guidelines)  
Yes  No  Not Warranted  

Environmental Assessment & Plan (See Field Trip Policy Guidelines)  
Yes  No  Not Warranted  

Health Protection Assessment & Plan: (See Field Trip Policy Guidelines)  
Yes  No  Not Warranted  

Insurance and Waivers in Place: (See Field Trip Policy Guidelines)  
Yes  No  Not Warranted  

Submitted By Faculty Supervisor:  
Name: __________________ Signature: __________________  

Approved by Department Chair/Director:  
Name: __________________ Signature: __________________  

Reviewed by EOHSS:  
Name: __________________ Signature: __________________  

Comments:  

______________________________________________________________  

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______________________________________________________________
Assumption of Responsibility, Risks and Liability Waiver

WARNING! By signing this legal document you will be giving up certain legal rights, including the right to sue.

- Please read carefully -

Field trip destination:
Field trip supervisor:
Purpose of field trip:
Dates of travel:

Assumption of Risks
I am aware that there are potential risks inherent in my participation in this field trip.
I freely and voluntarily accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss during all of the time of this field trip, resulting from travel arrangements and any other related activities during this field trip.

Assumption of Responsibility
I accept my responsibility to abide by the laws of the country or countries that I travel to on this field trip, to ensure that I have adequate medical coverage, to protect my personal possessions and to obey all of the rules set out for this field trip.

Liability Waiver
In consideration of approval to participate or accompany this field trip, I and any personal representative(s), hereby hold harmless, release and forever discharge McMaster University, its directors, officers, faculty, staff, students, volunteers, agents, trainees and employees from any and all actions, causes of actions, including negligence, claims and demands for damages, loss or injury, resulting from or arising out of my participation in or accompaniment of this field trip.

Indemnification
I also hereby indemnify and save harmless McMaster University from any and all actions, causes of actions, demands, expenses or losses whatsoever which they may bear as a result of my participation in or accompaniment of this field trip, by reason of damage to any and all property and any and all personal injuries, including death of others or myself.

| Do you read and understand English | Yes | No | if no - name of person signing |
| Do you understand the purpose of this waiver | Yes | No | Initials |
| Do you understand the risks inherent in this trip | Yes | No | Initials |
| Are you willing to assume these risks | Yes | No | Initials |

Participant (print name)
Address

Email: 
Phone number: (   )

Signature: 
Witness to signature:
Date:
Declaration of Health Status

I understand that participation in this field trip or elective may involve strenuous effort and or foreign travel. In either case, my health may be affected by activity levels to which I am not accustomed or by exposure to endemic disease in foreign locations. I accept personal responsibility for securing the advice of a health practitioner (preferably a family physician) prior to participating in this field trip and for obtaining the inoculations that are required by the country of destination or by Canadian authorities.

I recognize that some pre-existing medical conditions, while not a serious health threat when medical services are readily available, may be life threatening in remote locations. I take full personal responsibility for my known pre-existing medical conditions. For conditions that I choose to reveal, I will make personal arrangements with another field trip participant so that symptoms of distress can be recognized. For conditions that I choose not to reveal, I take full personal responsibility.

I have been made aware of the risks involved in this field trip or elective placement and have evaluated the need for a physical check-up and/or prophylactic measures.

I hereby declare that I am medically fit to engage in this field trip/elective.

Date of trip
Trip Supervisor (name)

Name of Participant (please print)
Address

Phone (   )

Signature: ________________________________ Witness: ________________________________

Date: ________________________________