

Emergency Information - Confidential

Participant Name: _____
Organization/School: _____
Email: _____
Address: _____
Telephone: _____
City: _____
Country: _____

Emergency Contact

Give the name and address of a designated person who can be reached on your behalf in an emergency.

Contact Name: _____
Relationship with Participant: _____
Telephone (Primary): _____
Telephone (Secondary): _____
Email: _____

Personal Information

Please ensure that your EMERGENCY CONTACT has copies of your personal information including passport, OHIP number, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (e.g., medical condition) that might be of significance to CASIOPA, a physician or hospital treating you in any emergency situation.

I have fully informed my *Emergency Contact* regarding all aspects of my participation at this event, including the nature of possible risks. I guarantee that, medical insurance is in force for the duration of the event, and in the case of an Emergency, I consent to the release of my personal information.

Date _____ Signature _____

Acknowledgement of Risk and Responsibility

I am aware that during the event in which I am participating, certain risks and dangers may occur, including, but not limited to, the hazards of travelling, accidents, natural disasters or illness. I understand the University of Waterloo is not able to ensure my safety from such risks and dangers.

I acknowledge that the University of Waterloo does not carry any insurance coverage, which would be available to me in the event of death, injury or loss while engaged in these activities; if I wish to have such insurance coverage, or additional health insurance, it is my responsibility to acquire it.

I have informed my designated emergency contact regarding all aspects of this program, including the nature of possible risks.

I acknowledge that I have completed research into the location I am going to and affirm that I understand what is required concerning medical, health, wellness, safety, and legal considerations for preparing for a trip.

Field Trip Location: _____

Field Trip Date: _____

Dated: _____

Signature: _____

Name (Printed): _____