



Consent Form and Release from Liability for International Co-op Work Terms

Name of Student: _____ Period of Exchange: _____

Name of Exchange Institution: _____

All students participating in an INTERNATIONAL CO-OP WORK TERM through the University of Toronto Co-op Program in Management, as described in the various program materials and orientation meetings, are doing so on a VOLUNTARY basis. These exchanges are in OTHER COUNTRIES 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 that my participation in an International Co-op Work Term through the University of Toronto's Co-op Program in Management requires a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and I hereby WARRANT BEING PHYSICALLY FIT AND ABLE TO PARTICIPATE and understand that I am ASSUMING THOSE RISKS AND RESULTS which are part of these activities including the laws, customs, living conditions and health standards existing in the country(ies) where I will travel and study. I acknowledge that I have been strongly encouraged to consult with my medical care providers and a Travel Medical Clinic before leaving Canada.

I understand there is NO INSURANCE COVERAGE provided by the Co-op Management Program or the University of Toronto. It is my responsibility to arrange any such coverage as required, for loss or damage to any personal property. I confirm that I have arranged MEDICAL INSURANCE for the duration of my travel abroad, and that I have provided proof of such insurance to the University. 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. In providing proof of insurance to the University, I recognize that the University does not make any claims regarding the adequacy of the medical insurance coverage and that all decisions regarding the appropriateness of my medical insurance are solely at my discretion.

I, the UNDERSIGNED, hereby acknowledge that certain RISKS OF PERSONAL INJURY OR PROPERTY LOSS are inherent to my participation in an International Co-op Work Term through the University of Toronto's Co-op Program in Management. 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 in any way resulting from my participation in an International Co-op Work Term through the University of Toronto's Co-op Program in Management.

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 or any person in consequence of or in any way related to an International Co-op Work Term through the University of Toronto's Co-op Program in Management 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.

Signature of Student

Signature of Witness

Date

Date