

Release of all Claims Form For in Province Field Trips Only

COURSE NAME AND NUMBER:	
INSTRUCTOR:	
DATE OF FIELD TRIP:	
FIELD TRIP TO:	
LIST DANGERS OR RISKS:	

Release made on the _____ day of _____, 20____, by

(*Print Name*)

of _____
(*Print Address*)

Province of British Columbia, to the Emily Carr University of Art and Design, a Provincial Educational Institute in the City of Vancouver, Province of British Columbia.

In consideration of the permission granted to me, the undersigned, by the Emily Carr University of Art and Design to participate in a field trip during the period of (day, month and year) _____ organized by the said University, I hereby release the Emily Carr University of Art and Design, its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against the Emily Carr University of Art and Design and other above-described parties for all personal injury or illness, property loss or other damage sustained by me on the field trip whether arising out of or incidental to the field trip or otherwise.

I, the undersigned, have read this Release and understand all its terms. I execute it voluntarily and with full knowledge of its significance and any risks associated with this trip.

IN WITNESS WHEREOF, I have executed this Release at the City of Vancouver, in the Province of British Columbia, on the day and year first above-written.

(*Signature of Student*)

Field trip forms are to be collected and held by the faculty member before and during the Field Trip. Afterwards please give them to the Deans' Office (Room D2320).