

**PARKVIEW ADVENTIST ACADEMY
TRAVEL ASSUMPTION OF RISK FORM**

PLEASE PRINT

Name of Applicant: _____ ID# _____

**** PLEASE READ AND UNDERSTAND BEFORE SIGNING ****

It is my desire to participate in Parkview Adventist Academy (the “Academy”) activities that involve traveling, with the full understanding that the only insurance coverage provided by the Academy is the Student Accident Policy which has limited amounts of compensation and does not cover all risks. I am aware that there are serious dangers and risks inherent in travel to and from the Academy, regardless of the mode of transportation or destination. I freely accept and fully assume all such risks, dangers and hazards, including risk of personal injury, death or property loss resulting from any cause whatsoever, including but not limited to the inherent risks of travel. If I feel that I require additional insurance, I will make all necessary arrangements at my own cost and based on my own personal needs as I decide those needs to be relevant.

I further understand that it is my responsibility to ensure that I am (or that my child is) covered by medical travel insurance for any time a trip is outside of Canada. I also understand that the Academy does not provide insurance for student’s personal property and it is therefore my responsibility to obtain insurance coverage for my personal property. (Dormitory student personal property insurance may cover personal effects when traveling.)

With respect to travel, I hold the Academy and Canadian University College (the “University College”) and their respective employees, volunteers, directors and officers harmless for any personal harm or injury, with the full understanding that I will not seek or expect damages or compensation from the Academy or the University College for any loss, damage or claim whatsoever arising from my participation. All costs pertaining to travel, or arising out of travel, related to myself (or my child), or to any harm or injury to myself (or my child), are my sole responsibility.

I further agree that participation in travel or any specific phase of travel or use of any equipment will be at my own discretion and judgment based upon my own experience and competence, and that I will personally refrain from entering into or remaining in areas of the world which the Canadian Government deems as unsafe or unsuitable for Canadian travelers.

I AM _____ YEARS OF AGE AND HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT.

Printed Name of Applicant	Signature of Applicant	Date
Printed Name of Witness	Signature of Witness	Date

**** IMPORTANT **** Health Care/Insurance #: _____ Province: _____

I AM THE PARENT/GUARDIAN OF THE APPLICANT WHO IS _____ YEARS OF AGE AND I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT. (Required if student is under 18 years of age.)

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Printed Name of Witness	Signature of Witness	Date