

**STUDENT ACCEPTANCE OF TERMS FOR EXPERIENTIAL EDUCATION ACTIVITIES
and RELEASE, WAIVER and INDEMNITY AGREEMENT**

Terms

The Student agrees to:

- (a) maintain status as a registered student of the University;
- (b) adhere to the University Student Code of Conduct during the placement;
- (c) maintain the privacy of the clients, residents and/or other persons in all instances and to respect the confidential nature of the information to which she/he is exposed;
- (d) act in accordance with the University's regulations, rules, policies and procedures including appropriate laws as they apply to the Learning Site;
- (e) obtain all security clearances, immunizations and tests required by the Learning Site before commencing the EE activities;
- (f) meet with the faculty member (or delegate) to arrange, before or at the beginning of the EE activities, the nature of the learning experience including hours, days, responsibilities, and meeting schedule with the faculty member
- (g) complete and sign the Research Practicum Agreement

I, _____ (name of student), agree to fulfill the obligations listed above as part of my placement at:
_____ (the faculty member's research lab).

Release, Waiver and Indemnity Agreement

I have been advised by York University of the risks, dangers and hazards as well as the need to act in a responsible and reasonable manner at all times. My signature below is given freely in order to indicate my understanding and acceptance of these realities and my assumption of responsibility.

I understand that York University has arranged private accident and injury insurance for my benefit while I am on placement and in consideration thereof, I hereby release York University, its Board of Governors, officers, employees, agents, successors and assigns (the "Released Parties") from any and all losses, liabilities, damages, injuries including death, and any other liability of any kind including negligence, howsoever arising out of or in connection with my participation in the placement, and I hereby waive all claims, demands, lawsuits, costs, and expenses I may incur including legal fees and disbursements.

I shall indemnify and hold harmless the Released Parties from any and all losses, liabilities, damages, injuries, claims, demands, lawsuits, costs, expenses including legal fees and disbursements, and any other liability of any kind including negligence, howsoever arising out of or in connection with my participation in the placement.

HAVING READ THIS DOCUMENT CAREFULLY, I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS RELEASE.

Signed this _____ day of _____, 20____

PLEASE PRINT:

Student Name: _____ Student Number: _____

Permanent Address: _____
(street, city, province, postal code)

Permanent Telephone: (____) _____

Student Signature: _____

Witness Signature: _____ Witness Name: _____

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for the purpose of administering your participation in community learning placement and related purposes. If you have any **questions about the collection, use and disclosure** of your personal information by York University, please contact: **Anda Petro**, Experiential Education Coordinator in the Faculty of Health, Tel: 416. 736.2100 ext. 40655, Email: eehealth@yorku.ca