



## STUDENT FORM

### OKANAGAN COLLEGE MOBILITY PROGRAM

#### PERSONAL INFORMATION

OC student number: \_\_\_\_\_ Campus: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Date** of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ **Passport expiry:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street, City, Province, Postal Code)

Home phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Attach a copy of the **identification page** or your passport.

#### EMERGENCY CONTACT INFORMATION

I appoint the following person(s) my Emergency Contact(s) and authorize the College to contact said person(s) for or with information about me in case of emergency.

**PRIMARY** Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECONDARY** Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I have informed my Emergency Contact(s) about this designation and regarding all aspects of my proposed study/work abroad program including the nature of any possible risks.

Student Initial: \_\_\_\_\_

**STUDY ABROAD PROGRAM INFORMATION**

Name of Partner Institution/ Program: \_\_\_\_\_

OC Department/Faculty overseeing Activity: \_\_\_\_\_

Contact person for the above: \_\_\_\_\_

Country of Activity: \_\_\_\_\_

Purpose & Description of Activity:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Contact while abroad: \_\_\_\_\_

Duration abroad: \_\_\_\_\_

**ITINERARY**

**Date** of Departure: \_\_\_\_\_ **Date** of Return: \_\_\_\_\_

Trips to other regions or countries outside the planned program: \_\_\_\_\_

Attach **booking confirmations** to and from the destination including connecting flights.

**IMMUNIZATION**

List of required Immunizations for the county/ countries you are visiting:

\_\_\_\_\_  
 Attach record of immunization.

**HEALTH INSURANCE**

You must purchase a medical insurance policy through guard.me for the duration of period outside Canada: [guard.me/oc](https://guard.me/oc)

Attach a copy of your guard.me policy.

**DISABILITIES, SPECIAL NEEDS, OR SERIOUS HEALTH CONDITIONS**

Please describe if any:

\_\_\_\_\_  
 Attach current health assessment from your physician if required.

**RISK IDENTIFICATION AND ASSESSMENT**

List identified hazards associated with activities or environment (i.e. extreme heat or cold, visiting remote areas, disease, crime, violence, political instability, etc.) and risk management measures planned or taken for eliminating or reducing risks to acceptable levels. List as many as possible and append additional pages as required.

HAZARD	RISK ANALYSIS	MANAGEMENT PLAN
<i>E.g. Infectious diseases and parasites</i>	<i>The most common infectious disease likely exposed to is malaria.</i>	<i>Taking anti-malarial drug (Iariam) during stay in country.</i>

**REGISTRATION OF CANADIANS ABROAD**

The Government of Canada will notify you in case of an emergency abroad or a personal emergency at home. The service also enables you to receive important information before or during a natural disaster or civil unrest.

**Registration of Canadians Abroad** or with your country of citizenship: [travel.gc.ca/register](https://travel.gc.ca/register)

**TRAVEL ADVICE AND ADVISORIES**

Visit the Travel Advice and Advisories page to research your destination(s) and record your findings below: [travel.gc.ca/travelling/advisories](https://travel.gc.ca/travelling/advisories)

COUNTRY	DATES	ADVISORY STATUS	MANAGEMENT PLAN

**PERMISSION TO RELEASE INFORMATION**

I hereby consent to Okanagan College and its representatives, collecting, using and disclosing the following information to the following persons/organizations for the following purposes:

<b>INFORMATION</b>	<b>TO WHOM</b>	<b>PURPOSE OF DISCLOSURE</b>
Medical and well-being	Emergency contacts, Close family member, Legal guardian	To ensure support systems are available to student when required.
General status at OC	Canada Immigration, Border Services, RCMP, Partner school	To verify student status and academic standing.
Student contacts/ location	Canada Immigration, RCMP, BC MSP, Close family member, Legal guardian	Ability to communicate with student and contact or confirm health and safety

I have read, understand and agree the above.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURES AND AUTHORIZATION**

**The OC Faculty/ Staff member supports this travel**

Yes  No

Name: \_\_\_\_\_

Signature of Dean or Designate: \_\_\_\_\_

Date: \_\_\_\_\_

**International Education approves this travel**

Yes  No

Name: \_\_\_\_\_

Signature of IE Director or Designate: \_\_\_\_\_

Date: \_\_\_\_\_

## ASSUMPTION OF RISKS, RESPONSIBILITY AND LIABILITY WAIVER

### OKANAGAN COLLEGE MOBILITY PROGRAM

#### International Off-Campus Student Travel

**Note: By signing this document, you are waiving certain legal rights, including the right to sue.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

Destination: \_\_\_\_\_

#### **PLEASE READ CAREFULLY**

#### **I agree as follows:**

**Assumption of Risks:** I understand that participation in an OC Study/Work Abroad or Exchange Program (the Program) will take me away from campus for an extended period of time. During this period, I understand that I will be in an unfamiliar surroundings and will be exposed to risks to my person and sessions.

I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the Program: and that there is a possibility of violence and crime, civil unrest, homesickness, and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. Accordingly, I understand that despite its efforts, the College may not be able to ensure my complete safety at all times from such risks and dangers.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable OC and host institution policies and laws of the host country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions.

More particularly, I appreciate OC does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I will be held at fault personally if the accompanying circumstances do not relate to or arise from my education or if my activities or conduct fall short of what would considered a reasonable standard for an individual in my position. In these cases I agree to be accountable in all respects for my own actions and not to ask the College or its employees to accept the consequences thereof further, I agree to be responsible for any claims made against the College in relation to such actions.

I acknowledge that I have been advised by OC of such risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the College to participate the above mentioned Program. I recognize that OC College will not supervise any of the host institution academic programs, living arrangements, or extracurricular activities during my participation in the Program.

STUDY ABROAD EMERGENCY PROTOCOL

**Itinerary Changes:** I agree OC may, in its sole discretion, make any change in the itinerary or to any part of the program it deems necessary. I understand and acknowledge that OC is not responsible for any disruption in travel arrangements, or any consequent additional expenses that may be incurred because of such changes.

**Independent Travel:** I agree that OC is not responsible for any personal injury, loss of life, or property loss or damage the student may suffer while traveling independently before or after the program or during free time.

**Liability Waiver:** I release and hold harmless OC, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Program, including, but not limited to, accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses which I may incur while participating in the Program.

This waiver is effective for the period of time that I will be participating in the Program. I understand that this agreement cannot be modified or interpreted except in writing by OC and that no oral modification or interpretation shall be valid. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of death.

**I CONFIRM THAT I AM THE FULL AGE OF NINETEEN (19) YEARS AND I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MYHEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signature of Application: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

**TO BE COMPLETED BY THE PARENT OR GUARDIAN IF STUDENT IS UNDER THE AGE OF 19:**

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

**THIS AGREEMENT MUST BE COMPLETED IN FULL, INITIALLED WHERE INDICATED, DATED, SIGNED AND WITNESSED PRIOR TO PARTICIPATING IN STUDY ABROAD WITH OKANAGAN COLLEGE.**