



# uOttawa

**UNIVERSITY OF OTTAWA**  
**INTERNATIONAL OFFICE**

550 CUMBERLAND - TABARET M386  
OTTAWA, ON  
CANADA K1N 6N5



**NATIONAL AND  
INTERNATIONAL  
STUDENT MOBILITY  
INITIATIVE**

## **RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AUTHORIZATION AND INDEMNITY AGREEMENT**

**IMPORTANT NOTICE: Signing this document will affect your legal rights. Please review if carefully.**

I, \_\_\_\_\_ (print name), the undersigned student registered at the University of Ottawa, have chosen to take part in the **National and International Student Mobility Initiative**, coordinated by the International Office at the University of Ottawa, AND I THEREFORE STATE AS FOLLOWS:

### **A. Communication of information**

- I DECLARE that all the information I have provided in support of my application to participate in an international student exchange under the International Student Mobility Initiative is accurate.
- I AUTHORIZE the University of Ottawa to transfer my application file and all complementary information to the host institution I have chosen abroad.
- I AUTHORIZE the University of Ottawa and the host institution abroad to divulge to relevant authorities, where applicable, any information that may facilitate issuance of the authorizations required for my entry into, and stay within, the host country, based on the rules in effect at the host institution.
- By checking the box, I AUTHORIZE the International Office to post my name, the name of the host institution, the title of the program in which I am registered and the level of my studies at the University of Ottawa on the International Office's Web site and to include such information in the International Office's publications. I understand that the International Office may not release my address and my telephone number without my consent.
- By checking the box, I AUTHORIZE the International Office to supply my name and uOttawa e-mail address to former, present and future University of Ottawa participants in an international student exchange with the host institution abroad I have chosen under the International Student Mobility initiative. I accept that my e-mail address will be included in the internal listserv of participants.
- By checking this box, I AUTHORIZE the University of Ottawa to take photographs of me and to use these photographs and any photographs I take in the host institution or the host country during my international exchange and that I provide to the International Office in its promotional material.
- I AUTHORIZE the International Office of the University of Ottawa to receive an official transcript directly from the host institution at the end of my stay abroad.
- I HAVE FULLY INFORMED the person designated below as my Next of Kin concerning my participation in the International Student Mobility Initiative in the foreign institution of higher education I have chosen abroad. He/she has agreed to act as my Next of Kin, and I AUTHORIZE the University of Ottawa to contact the person designated below for or with information about me and to give this person the cheque for the amount of my student mobility scholarship, if need be, unless I revoke or change the appointment by notifying the University of Ottawa in writing.

### Contact information - Next of Kin

LAST NAME		GIVEN NAMES			
NO. & STREET		CITY			
PERMANENT ADDRESS	PROVINCE	COUNTRY	POSTAL CODE	CELL. TEL. NO.	
	TEL. NO. AT HOME	FAX NO. AT HOME	E-MAIL ADDRESS AT HOME		
TEL. NO. AT WORK	FAX NO. AT WORK	E-MAIL ADDRESS AT WORK			

## B. Student's commitment

1. I AGREE to comply with the applicable policies and regulations of the University of Ottawa and host institution throughout the entire duration of my stay abroad.
2. I DECLARE that I have registered as a full-time student in an undergraduate or graduate program of studies at the University of Ottawa for the entire duration of my exchange abroad and that I have undertaken all the responsibilities that pertain to my registration at the University.
3. I AGREE to pay my tuition fees and required incidental fees to the University of Ottawa before my departure for the host institution abroad.
4. I AGREE to be a good ambassador of the University of Ottawa for the entire duration of my stay abroad.
5. I AGREE to comply with the ethical standards and rules of practice taught within the Faculty and the academic unit in which I am enrolled.
6. I AGREE to forward the following information to the International Office at the University of Ottawa (outgoing@uOttawa.ca) **as soon as possible upon my arrival** at the host institution: my address, my telephone number and my e-mail address.
7. I AGREE to obtain written authorization from the coordinator of my program of study at the University of Ottawa for any course change that deviates from the existing agreement. I AGREE to forward to the International Office at the University of Ottawa - by fax (+1-613-562-5100), by e-mail (outgoing@uOttawa.ca) or by mail - an official description of the courses that I will be taking at the host institution if any of these courses are different from the ones I had chosen when I submitted my application. In that case, I UNDERSTAND AND ACCEPT that this information will be relayed to my academic unit for final approval and to determine equivalences.
8. I AGREE to participate in the pre-departure orientation session or in any other preparatory activity organized by the International Office, the Faculty or the host institution.
9. I AGREE to meet all the conditions of the immigration services of the host country.
10. I SHALL, at my own expense, arrange and take responsibility for, among other things:
  - a) all travel documentation or other documentation required for my stay abroad;
  - b) transportation to and from the host country;
  - c) housing expenses, living expenses, and other expenses related to my stay abroad.
11. I AGREE to purchase, at my expense, a comprehensive health and travel (including repatriation) insurance that covers the entire duration of my stay abroad and meets all the requirements of the host institution and the University of Ottawa.
12. I AGREE to pay, if requested, all taxes and fees required by the airport authorities and/or all taxes and fees required by the host country for foreign travellers.
13. I AGREE to inform the International Office and my academic unit if I do not maintain my full time regular student status. I UNDERSTAND that, if I do not maintain my full time regular student status, my international student mobility scholarship may be cancelled or reduced.
14. I AGREE to contact the person responsible for international student mobility in my academic unit at the University of Ottawa before terminating my international exchange abroad, regardless of the reasons motivating this decision.
15. If I decide to end my participation in the international exchange abroad, I WILL ASSUME all the costs incurred.
16. I AGREE to provide to the International Office and to the person I have designated as my Next of Kin a copy of the following documents: passport, visa, health and other insurance.
17. I ACCEPT to fill out the questionnaire concerning my international student mobility experience and submit it to the International Office at the latest 30 days after the end of my participation period abroad.
18. I AGREE to provide the International Office with a description, if applicable, of my particular health condition (prescriptions, specific drugs, allergies, etc.).
19. I UNDERSTAND AND FULLY ACCEPT that if I fail to observe any conditions or rules regarding this international student exchange, that I may be asked to leave the host institution and I will fully assume all costs incurred.
20. I RECOGNIZE AND ACCEPT that any activity that is unrelated to the objectives of the international exchange initiative abroad and that I decide to undertake will be my exclusive responsibility and not the responsibility of the host institution or the University of Ottawa.
21. I AM AWARE of the possibility of personal health and safety risks due to my participation in the International Student Mobility Initiative, including the exposure to foreign diseases, different legal and cultural standards, to travel and personal safety risks, and I FREELY ACCEPT AND FULLY ASSUME all risks, dangers and hazards and the possibility of personal injury, death or loss resulting from such risks, dangers and hazards.
22. I AM ALSO AWARE that there may be immunization requirements before entering into the host country. I AGREE to inform myself of the appropriate immunizations for my stay abroad and obtain such immunizations at my expense, if required.
23. I AGREE to monitor and abide by the recommendations in the Travel Reports and Travel Warnings issued by the Department of Foreign Affairs and International Trade Canada for travel to the host country or to specific region(s) of the host country areas visited ([http://www.voyage.gc.ca/countries\\_pays/menu-eng.asp](http://www.voyage.gc.ca/countries_pays/menu-eng.asp)).

