

Teacher Education Office
**International Community Field Experience
Assumption of Risk Form**

I am aware that there are certain risks associated with participation in an international placement in _____ (location). These risks may arise from, but may not be limited to, use of alternative transportation systems, planned activities or events on site, disease, different political systems or safety issues. Furthermore, I agree to fully assume these risks. I also understand that medical facilities and treatment may be different from a standard than might be expected in Canada.

I acknowledge that many aspects of the travel are outside of the direct control of the University. While the University takes all reasonable steps to ensure that there are no disruptions, I agree that it cannot be responsible for failure to perform on the part of travel agents, airlines or other transportation sources, nor for problems incurred which relate to customs immigration or visa requirements. I am also aware that it is my sole responsibility to obtain a valid visa or Canadian Passport or other satisfactory proof of residency as accepted for entrance into and exit from _____ (location) if required.

I also confirm that I have full travel and medical insurance coverage, including out-of-town medical coverage, and that I can provide evidence of such insurance to the University of British Columbia prior to my departure. I further acknowledge that the University may carry no personal, medical, dental nor any accident benefit or disability insurance on my behalf and that it is my sole responsibility to ensure that I maintain sufficient personal insurance coverage.

I also acknowledge that prior to my CFE I must complete, and pass, my BEd coursework and certifying practicum to be able to move onto my CFE. I also acknowledge that I have been strongly recommended to purchase flight cancellation insurance.

Teacher Candidate

(Signature)

(Print Name)

(Date)

Department Representative



Dr. Keith McPherson

October 7, 2015