



**UNIVERSITY OF BRITISH COLUMBIA
FACULTY OF APPLIED SCIENCE
CO-OPERATIVE EDUCATION PROGRAM**

INTERNATIONAL WORK TERM AGREEMENT AND WAIVER OF LIABILITY

I, _____ , _____
(name of student) (student number)

a student enrolled in the Engineering Co-operative Education Program of the University of British Columbia (hereinafter called the "University") accept a work term with

(name of employer)

(address of employer)

(hereinafter called the "International Co-op Placement").

In consideration of being permitted to participate in the International Co-op placement associated with the Co-operative Education Program at the University of British Columbia, I hereby:

- 1) ACKNOWLEDGE that I have been informed of the nature of the employment with the International Co-op employer, the responsibilities that I may be expected to assume, and the risks known to the University that may be associated with the International Co-op Placement.
- 2) Without restricting the generality of the foregoing, the risks include:
 - a) injuries suffered:



- (i) in the course of employment with the Co-op Employer
 - (ii) by the acts of third parties including acts that would be regarded as criminal acts under Canadian law, and
 - (iii) by being a passenger in or operating a motor vehicle, boat, bicycle or any similar means of transportation or being a passenger in or on an airplane, bus, taxi, boat, or other means of transportation
- b) illnesses and the lack of medical personnel or medical facilities to treat injuries or illnesses, and
- c) standards of criminal justice that are different than Canadian standards.
- 3) ACKNOWLEDGE that due to the international aspect of the International Co-op placement, circumstances beyond the control of the University of British Columbia may arise including war, civil unrest, or natural disasters that may require a modification or termination of my work term.
- 4) ACKNOWLEDGE that I have informed the University of any physical or medical limitations, allergies, or other conditions that may affect my participation in the activities of the International Co-op Placement or that may be associated with the International Co-op Placement.
- 5) ACKNOWLEDGE that I have been advised to arrange for extended medical insurance coverage on my own account that will cover any medical or hospital expenses that I may incur during the period of the International Co-op Placement.
- 6) ACKNOWLEDGE that I am responsible for obtaining any visas or permits that may be necessary with regard to my travel to foreign countries.
- 7) ACKNOWLEDGE that I am responsible for obtaining any vaccinations or inoculations that are recommended or required by the government of a foreign country in which I will be travelling or by the Canadian Government for persons entering Canada from a foreign country.
- 8) ACKNOWLEDGE that I am not required to undertake the International Co-op Placement in order to complete the requirements of my academic program and that I have the option of substituting another Co-op placement in place of a International Co-op Placement.
- 9) ACKNOWLEDGE that I am exclusively responsible for making all travel arrangements that may be associated with the International Co-op Placement and that notwithstanding that the University may provide information to me with regard to travel arrangements, the University does not warrant the safety of any carrier and the University is not responsible for the acts or omissions of any carrier.
- 10) ACKNOWLEDGE that I am exclusively responsible for making all arrangements for my accommodation during the period of the International Co-op Placement and that notwithstanding that the University may provide information to me with regard to accommodations, the University does not warrant the quality or safety of any accommodation and the University is not responsible for the acts or omissions of the operators of any place of accommodation.
- 11) AGREE to notify the Coordinator of my International Co-op Placement of my planned itinerary for the International Co-op Placement including any extended personal travel.



- 12) AGREE that I will pay all of my travel, accommodation, food and other personal expenses associated with my participation in the International Co-op Placement other than those expenses that the University or the Co-op employer has expressly agreed in writing to pay.
- 13) CONSENT to the disclosure by the University of British Columbia during the period of my participation in the International Co-op Placement of any personal information that is in the possession of the University, other than records of my academic performance, that may be necessary in any or all of the following circumstances:
 - a) To a hospital, supervising medical personnel, provider of medical treatment or next of kin where a representative of the University is informed that I may require medical attention or treatment,
 - b) To an official of a Canadian Consulate or the Canadian Government, an airline on which I am booked as a passenger, or an agency that is responsible for my travel arrangements where a representative of the University is informed that the information is required to satisfy the immigration or visa requirements of any country in which I am travelling or plan to travel, or to facilitate my travel in conjunction with the International Co-op Placement.
 - c) To law enforcement authorities where the University is informed that the information is required to assist me.
- 14) AGREE to abide by all the University and Faculty Co-operative Education regulations.
- 15) AGREE to assume all of the risks related to any personal injuries to me, or damage to property or loss to my property, of whatsoever nature or kind howsoever arising out of my participation in the International Co-op Placement.
- 16) AGREE that the University reserves the right to terminate my enrollment in the International Co-op Placement if the University determines that I am not performing satisfactorily in the placement or if I fail to adhere to the standards of public conduct that prevail in the geographic area of the placement.
- 17) I WAIVE, RELEASE AND DISCHARGE THE UNIVERSITY of BRITISH COLUMBIA, the members of the University's Board of Governors and anyone employed by or acting on behalf of the University from any and all claims, causes of action, and any liability for personal injury, death, damage to property or loss of whatsoever nature or kind and howsoever caused which I or my heirs, executors, administrators, or anyone else may have arising out of my participation in International Co-op Placement.
- 18) I acknowledge that prior to signing this form, **I have read and understood this agreement and waiver of liability in its entirety** and I am aware that by signing this document, I am affecting the legal rights of myself, my heirs, next of kin, executors, administrators and assigns.

Dated at _____, Province of British Columbia, this ____ day of _____, 20__.

Signature of Witness

Signature of Student