

- III. Making arrangements for appropriate transportation to and from the location of the co-curricular activity, where applicable;
- IV. Making arrangements for hotel accommodations;
- V. Considering the need to accommodate team members with disabilities, including any financial implications, in consultation with Accessibility Services where appropriate;
- VI. Determining what safety equipment is appropriate, and ensuring that each team member is instructed in the proper use of the equipment (examples include hard hats, safety boots etc.);
- VII. Ensuring each team member is made aware of the specific requirements that must be met for participating in the co-curricular activity prior to departure (such as visas, immunizations, health insurance requirements, etc.);
- VIII. Conducting risk assessments and identifying appropriate safety procedures (examples: Locally: Checking weather conditions, site safety. Internationally: Checking with Facilities Management for bulletins on travel conditions and current events. That information is available at the following

- VI. Informing the Activity Organizer of all substantive safety incidents that occur during the activity in a timely fashion;
- VII. Ensuring there is ongoing communications with the team members (Ex.: phone or wireless contact if the team leader is separated from team members).

d) **Team member:**

Each member of a co-curricular activity team plays an important role in maintaining his or her own safety during co-curricular activity. A team

- I. Understanding the requirements of the co-curricular activity safety procedures for the project;
- II. Familiarizing him/herself with the risks of their particular activity. This may include signing a document which acknowledges the risks and/or playing an integral part in documenting preventative measures in the Co-Curricular Activity Safety Plan;
- III. Using the appropriate protective equipment provided by the Activity Organizer;
- IV. Registering with DFATD Canadians Abroad if travelling abroad. <http://travel.gc.ca/travelling/registration>;
- V. Working safely and in a manner to prevent harm to him/herself or to others;
- VI. Where required by the Team Leader and due to the nature of the activity, providing evidence of a satisfactory state of health and immunization status;
- VII. Providing evidence of adequate health insurance coverage (if applicable);
- VIII. Reporting any identified hazards to the Team Leader in a timely fashion;
- IX. Wherever possible travelling in groups of two or more;
- X. Monitoring communications from the team leader.

2.0.2. Procedures:

a) **Travel:**

- I. All team travel will be arranged by the Activity Organizer. Staff members will not transport students in privately owned vehicles unless exceptional circumstances warrant it and is approved by the Director. Privately owned vehicles used on approved University travel are to be properly insured, registered, and inspected;
- II. Vehicles equipped with winter tires will be used for travel during the period extending from November 1st to April 15th (mean a combination of tires specifically designed for winter driving conditions.);
- III. All Team members will ideally travel as a part of the team contingent and must be accompanied by the Activity Organizer or Team Leader unless otherwise approved (see below);
- IV. Team members

2.0.3. Miscellaneous

a) **Liability Waivers/Permission Forms:**

Certain activities may require Liability Waivers. Minors (under 19 years of age) will need parental permission to participate (s

b) **Reporting Accidents/Incidents:**

Report all serious incidents/accidents to the appropriate Director as soon as possible, and all other incidents/accidents within 48 hours. If there is an incident which you believe could lead to a liability claim against the University, please provide a written description of the incident and, the names and phone numbers of any witnesses (s

The Director will advise the Director of Facilities Management and the Director of Communications of all incident/accident reports.

2.0.4. Contacts

a) Director (Student Services and Residence Life)

b) Vice-President (Academic and Research)

c) Director (Facilities Management)

3.0 **Accountability**

The Vice-President (Finance & Administration) will be responsible for the general communication, administration and interpretation of this policy.

4.0 **Related Documents**

Co-Curricular Activity/Exchange Safety Plan

Medical and Emergency Contact Information Form

Co-Curricular Activity Safety Plan

Sanctioned individuals/groups planning to organize co-curricular activities

**Co-Curricular Activity Safety Policy
Accident/Incident Report**

I agree to ensure that I have (if deemed necessary by the Team Leader) adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions, during my participation in the activity.

Liability Waiver: I, my heirs, executors, administrators, successors and assigns do hereby release and hold harmless the University and all of its affiliated, related and/or participating corporations, companies, entities and organizations and their agents, successors, servants, trustees, employees, officers, directors, volunteers, students, assigns and independent contractors 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 activity, including, but not limited to, accidents, crime or criminal acts by third parties, terrorism, war, civil unrest, riot, detention by a foreign government, arrest, other acts of any government or authority, medical quarantine, any other disturbances or causes, natural disasters or events, extreme weather conditions, transportation, accommodations, scheduling and government restrictions or regulations. I understand that this waiver cannot be modified or interpreted except in writing by the University and that no oral modification or interpretation is binding.

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**Co-Curricular Activity Safety Policy
Approval of Risk Assessment Form**

Use this form if you are planning off-campus co-curricular (not-for-credit) activities involving students at St.

All participants have completed the Release/Waiver and Assumption of Risk Form

Appendix E: Medical and Emergency Contact Information Form

Full Name:	Student ID:
Information you wish to disclose regarding medical condition(s), medications, allergies, etc:	
Full Name:	Relationship:
Phone Number:	Alternate Phone Number: