

## Off-Campus Student Event Policy

Category:	Health, Safety and Security
Number:	HS3
Responsibility:	Director of Ancillary and Student Services
Approval:	Administration, April 2016
Amendments:	Every 3 years or as circumstances warrant

### PURPOSE

The purpose of this policy is to provide guidelines for the planning and execution of recreational and educational off-campus events for students, and to provide protocols in the event of an emergency involving students at an off-campus event.

### SCOPE

This policy is applicable to the entire university community including students, staff, faculty, administration, and guests who plan educational and recreational off campus events for students.

### DEFINITIONS

*Off Campus Event.* Off-campus events are defined as any event organized by a member of the Algoma University community for community based learning, educational, or recreational purposes. Examples include, but are not limited to, class field trips, outings organized by a student club, special recruitment events that involve Algoma University students, and varsity athletic team travel.

### POLICY

Algoma University maintains procedures which serve to minimize potential risk and maximize participant safety for all off-campus events. For the purposes of this policy, Placements, Cooperative experiences, Internships, Exchanges, or similar work experiences, are not included.

## PROCEDURES

### General Off-Campus Events:

All student off-campus events must have assigned an “Event Coordinator”. The Event Coordinator does not necessarily have to be an Algoma University employee – in some instances, it may be a student. The Event Coordinator must follow the procedures below in the **planning** of any off-campus event:

1. Bring a brief description of the planned event to a member of Algoma University Administration for approval. For university employees, this will be your management officer. For Faculty, this will be the Academic Dean, for students, this will be the Director of Ancillary and Student Services.
2. If the event involves out-of-town travel, familiarize yourself with, and adhere to, the Vehicle Safety Policy (HS 5) and International Travel Policy (HS 11) (if applicable) (if the off-campus event involves International Travel) found on the Algoma University website.
3. For out-of-town travel, be mindful to plan for appropriate travel breaks.
4. Consider any special hazards and/or requirements and adjust planning to minimize the risk of incident or injury. For example, if you are planning a downhill ski trip for a group of students who have not skied before, it would be advisable to offer a ski lesson at the start of the outing.
5. Obtain an Emergency Contact Form (Appendix A) and Travel Waiver (Appendix B) from all participants before the event, noting and planning accordingly for any participants with special medical conditions or accommodations. If minors are present, obtain a Parental Approval signature. Any event involving International Travel requires all the forms specified in [HS11](#) including Acknowledgement of Risk and Responsibility, Emergency Information, and Travel Itinerary Form. Forward all completed forms to the Director of Ancillary and Student Services before the event.
6. Leave a copy of the event schedule, itinerary, location, and your contact information during the event, with the Director of Ancillary and Student Services.
7. Secure a safe, appropriate mode of transportation through licensed charter or rental agencies. Participants are not permitted to transport students in personal vehicles. The use of 15 passenger vehicles is not permitted.
8. Maintain a photocopy of current driver’s license for each driver.
9. Ensure participants have obtained adequate health and travel insurance. Please consult with the Student Health Plan administrator in the Student government office.

The Event Coordinator must follow the procedures below in the **execution** of any off-campus student event:

1. Review your expectations of conduct, safety, meeting times, communications, and behavior with all event participants.
2. Consider external factors such as weather – if travelling in poor conditions, allow for extra time. Pull over and wait for weather conditions to improve as needed.
3. Count the number of participants at set times throughout the event as appropriate. If participants are given permission to break away from the group, you must obtain a contact number where they can be reached. Groups are encouraged to depart and return as a group.
4. In the case of a multi-day event, Event Coordinators must communicate with their administrative officer or designate, or in the case of students, the Director of Ancillary and Student Services, on a daily basis.
5. In the case of a medical emergency, seek immediate medical attention – **call 911**.
6. In the case of an immediate threat to a participant’s personal safety or other severe emergency – **call 911**.
7. In the case of an emergency where 911 is called – once the appropriate response team has arrived and the immediate threat is gone, note the time and date of the incident, and contact the Director of Ancillary and Student immediately at 705-941-0333 who will follow up with emergency contact.
8. In cases where theft is suspected, immediately contact the local police department and notify the Director of Ancillary and Student Services upon return.
9. Notify your administrative officer or the Director of Ancillary and Student Services when the group has safely returned from the off-campus student event.

Appendix A

**Algoma University – Student Off Campus Event  
EMERGENCY AND MEDICAL INFORMATION AND CONSENT FORM**

**STUDENT NAME** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**PHONE Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/PROV** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

Are there any medical concerns that you believe the University should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Contact #1:**

**NAME:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PHONE:**

**Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/PROV** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**Contact #2:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PHONE:**

**Home** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/PROV** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**EMERGENCY MEDICAL CONSENT**

I hereby authorize emergency medical or surgical treatment for myself or my son/daughter/ward if such treatment is required and the assigned emergency contact cannot be reached for authorization.

If the student is under 18, a parent or guardian must sign on their behalf.

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

Please PRINT Name and Relationship to student (Self, Parent, Guardian)

\_\_\_\_\_

Appendix B

The Governors of Algoma University

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

Warning: By signing this document you will waive certain legal rights, including the right to sue

Please Read Carefully

To: The Governors of Algoma university

Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_  
\_\_\_\_\_

**Assumption of Risk**

I am aware that participating in the activity of \_\_\_\_\_ has many inherent risks including but not limited to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

Initials \_\_\_\_\_

**Release of Liability, Waiver and Claims and Indemnity Agreement**

In consideration of the Algoma University Board of Governors allowing my participation in the activity of \_\_\_\_\_, I agree as follow

- 1. **To waive any and all claims** that I have or may have in the future against the Algoma University Board of Governors, and its members, officers, employees, students, agents, volunteers and independent contractors ( all of whom are hereinafter collectively referred to as “the Releasees”);

To release the releasees from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of participation in the activity of

\_\_\_\_\_ due to any cause whatsoever **including**

1. **negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the Ontario Occupiers Liability Act;**
2. To hold harmless and indemnify the Releasees from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the activity of \_\_\_\_\_; and
3. This agreement shall be effective and binding upon my heirs, next of kin, executors administrators, assigns and representatives in the event of my death or incapacity.

Initials \_\_\_\_\_

I am entering into this agreement, I am not relying upon any oral or written representations or statements made by the releasees other than what is set forth in this agreement.

**I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns have against the releasees**

Signed this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Signature or Parent or Guardian if  
Participant is under 18 years

\_\_\_\_\_

Please print name of Parent/Guardian

**This agreement must be completed in full, signed, dated, witnessed and paragraph 2 initialed before the participant may participate in the activity**