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.
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   Please print name of Parent/Guardian
Participant is under 18 years

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