



FREE TIME POLICY & TEMPORARY ABSENCE (FROM THE PROGRAM) FORM

I assume all responsibility for activities which I engaged during all times of Canadian Summer School in Germany (henceforth known as the Program) when I am not involved in formal course work. I understand that the Program requires my residence in Germany for its entirety. I agree to remain in Germany on holidays and weekends during the program. ~~that personal travel and overnight stays outside of Kassel are permitted on holidays and weekends upon completion of this 3 7 H P S R U D U \ \$ E V D O F H E N A T U R E~~ Of the location of the Program, I will travel with a friend or colleague whenever possible and where not possible, I will advise those I am working with or living with as to my course work, plans or activities and the locations of the latter. I also recognize that I am a representative of L Q W University while on the Program, whether I am conducting course work or on free time and my conduct always reflect this representation.

I will assume all responsibility for activities which I engaged during my upcoming absence from the Program. In compliance with 6 D L Q W University Risk Management protocols, I have provided itinerary of my plans and activities and locations of these including my departure and return dates to the program. I have also provided contact information including but not limited to hotel or family accommodations, train or bus numbers, personal telephone numbers and email addresses where applicable.

ITINERARY Departure Date _____ Return Date _____

Address of where I will be staying: _____

Current mobile phone number: _____

I ACKNOWLEDGE that I have read and understood this agreement, that I appreciate and accept the risks associated with the Program and my temporary absence from it; that I am waiving legal rights which I or my heirs, next of kin, executors, administrators and legal representatives may have against L Q W University; and that I have executed this agreement voluntarily.

SIGNED THIS _____ day of _____, 20____ at _____.

SIGNATURE OF PARTICIPANT

WITNESS SIGNATURE (Program Director)

PRINTED NAME OF PARTICIPANT

PRINTED NAME OF WITNESS (CSSG Team Member)

Protection of Privacy