



UVic Semester in Greece 2021

APPLICATION CHECKLIST:

- At least 19 years old at time of departure
- Current UVic student OR Eligible to apply as visiting student
www.uvic.ca/future-students/undergraduate/admissions/short-term/visiting/index.php
- Unofficial transcript
- Photocopy of passport (photo and signature page)
- Completed and signed application form
- Completed and signed waiver
- Statement indicating your interest in the Semester in Greece Program. Please highlight your background in Greek and Roman Studies

\$10 \$1000 deposit (refundable if not accepted. Not refundable **after** 15 November 2020)

- Completed and signed Program Fee and Refund Policy form

All application materials are due before October 15, 2020 to Brendan Burke (bburke@uvic.ca), Department of Greek and Roman Studies, B409 Clearihue, PO Box 1700 STN CSC, Victoria, B.C. V8W 2Y2.

Upon acceptance to the program you are required to pay the total remainder of the Program fee (\$5300), due November 15, 2020. **Tuition and international travel are separate costs paid by the student.**

STUDENT INFORMATION

Name: _____ Preferred first name (if different) _____

Current UVic student? Yes No V# _____ Current GPA _____ Credits to date _____

If you are currently enrolled at another school, please list: _____

Current address: _____

Phone (cell): _____ Email address: _____

Passport #: _____ Issuing Country: _____ Date of Birth: _____

Allergies (food, sun, bees, nuts, etc.): _____

Dietary specifications (vegetarian, lactose intolerant, etc.): _____

Chronic injuries or health issues (ankles, back, asthma, etc.) _____

Medications: _____

EMERGENCY CONTACT – Name and Relationship. Address, telephone and email.

ACADEMIC REFERENCE

Please provide academic references from an instructor who can comment on your preparation and suitability for the field school. Ask that the letter of support be sent by email to Brendan Burke (bburke@uvic.ca). Please provide the name and information below.

ACADEMIC REFERENCE:

Instructor name: _____ Department: _____

Contact information (phone & email): _____

By signing below, I give UVic permission to contact the above named UVic instructors whom I have named as my references.

DISCLOSURE OF PERSONAL INFORMATION

UVic will not disclose any of my personal information to any additional third parties without my consent.

I hereby give my consent to UVic to:

- ✓ disclose my name and email address on pre-departure orientation handouts distributed to outgoing student participants in the current field school program;
- ✓ disclose my full name, citizenship, date of birth, passport number and passport expiry date to the Canadian Representative Abroad office (e.g. Embassy or Consulate) in each country/region in which this field school program takes place (this information may be used by Canadian authorities in the event that government assistance is required during the field school program); and
- ✓ disclose my full name, citizenship, date of birth, academic program(s) and level of study, gender, photograph, and flight information to institutions, individuals and/or organizations outside of Canada who are affiliated with, or used by, the field school program (this information will be used for reasons directly related to the field school program such as booking hotels/tours, printing transit passes when applicable, etc).

DISABILITY ACCOMMODATION, HEALTH AND WELLNESS

Before confirming participation, I will disclose to the Field School Director any and all medical conditions (physical or mental) that I may have which may impact my participation in the program. I am solely responsible for my own personal health and wellness. This includes, but is not limited to, obtaining all necessary inoculations/vaccinations in advance of departure and bringing sufficient personal medical supplies (including prescription medication and certification when necessary). I confirm that I have read and understood this Acknowledgement and accept its terms.

Student Signature

Date

All of the information on this form is true and accurate to the best of my knowledge. The information is collected under the authority of the University Act (R.S.B.C. 1996, c.468, s. 27(4)(a)).

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
AND INDEMNITY AGREEMENT
GREEK AND ROMAN STUDIES – UVIC SEMESTER IN GREECE 2021**

WARNING: BY SIGNING THIS DOCUMENT (THE “WAIVER”) YOU WILL ASSUME CERTAIN PHYSICAL OR LEGAL RISKS. YOU WILL ALSO WAIVE SPECIFIC LEGAL RIGHTS, INCLUDING WITHOUT LIMITATION THE RIGHT TO SUE THE UNIVERSITY OF VICTORIA AND EACH OF ITS GOVERNORS, OFFICERS, AGENTS, EMPLOYEES, STUDENTS, CONTRACTORS, SUBCONTRACTORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS AND ANYONE FOR WHOM THEY ARE IN LAW RESPONSIBLE (COLLECTIVELY REFERRED TO AS THE “RELEASEES”), EVEN WHERE ONE OR MORE OF THOSE INDIVIDUALS IS NEGLIGENT. PLEASE READ ALL PAGES CAREFULLY.

Name:

(Last) (First) (Middle)

Address:

(Street) (City) (Province)

(Postal Code) (Telephone Number)

Preamble

The Greek & Roman Studies Semester in Greece (“the Program”) is an exceptional learning and travel opportunity, but it is not without certain risks, dangers and hazards to all Participants. These include, but are not limited to: delay or inconvenience, program cancellation or curtailment, increased risk to health, the loss of personal property, injury and even death.

All persons taking part in the Program are required to accept these and other risks as a condition of their participation. The University of Victoria will not accept any liability for injury, loss, damage or expense sustained as a result of any person's participation in the Program.

The Statement of Risks set forth below is intended to enable Participants to better understand and accept the various risks involved in the Program. All Program applicants will be required to sign the Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement set forth below, which will release the University of Victoria and each of its governors, officers, agents, employees, students, contractors, subcontractors, representatives, successors and assigns (collectively referred to as the “Releasees”), from any claims which might arise as a result of the applicant's participation in the Program.

Statement of Risks

The Program involves the risks inherent in international travel. These include, but are not limited to: risks of criminal activity, standards of medical care which may differ from Canada and treatment that may be expensive, and standards of criminal justice which may vary from Canadian standards, all of which may result in increased risks to the Participant's health, damage to or loss of the Participant's property, injury of the Participant or even death.

Participants in the Program will be using the services of independent travel agents and airlines. The Releasees do not accept responsibility for the conduct of these independent agencies. It is always possible that the Program may not be completed or individual activities may be curtailed

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
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or cancelled. Reasons for curtailment or cancellation may include, but are not limited to: weather, illness, political disturbances, civil unrest, war, transportation problems, failure to perform on the part of travel agents or airlines, problems relating to customs, natural disaster, or other circumstances beyond the control of the Releasees.

It is the responsibility of each Participant in the Program to learn as much as possible about the risks of the venture, to weigh those risks against the advantages, and to decide whether or not to participate.

The Releasees accept no responsibility and assume no liability with respect to any academic, vocational, medical, or financial advice received by a Participant concerning the Program.

_____ (initial here)

I, _____, am aware that the Program involves many possible risks, dangers and hazards including, but not limited to those referred to in the Preamble and the Statement of Risks set forth above. I have reviewed the Government of Canada's travel advisory for Greece which is available at <https://travel.gc.ca/destinations/greece> prior to signing this Release of Liability, Waiver of Claims and Indemnity Agreement and acknowledge that I should periodically review such travel advisory since it may change from time to time. I acknowledge that I have reviewed the materials given to me relating to the arrangements for travel, food and accommodation and I fully understand and appreciate the nature of such hazards and risks and voluntarily accept all the hazards and risks of participating in the Program. I am also aware that my participation in the Program is voluntary. I freely accept and fully assume all such risks, dangers and hazards, and the possibility of delay or inconvenience, Program cancellation or curtailment, the loss of, or damage to, personal property, injury to my health, bodily injury and even death.

Release of Liability, Waiver of Claims and Indemnity Agreement

IN CONSIDERATION of the Releasees allowing me to participate in the Program, and as a condition of my participation in the Program, and for other good and valuable consideration (the receipt and sufficiency of which I acknowledge):

1. I WAIVE AND RELINQUISH ANY AND ALL CLAIMS, CAUSES OF ACTION, COSTS, DAMAGES, DEMANDS AND OBLIGATIONS of any kind or nature whatsoever, known or unknown, that I have or may in the future have against the Releasees resulting from my participation in the Program and arising from any cause whatsoever, including negligence, breach of contract, or breach of any statutory duty or other duty of care on the part of the Releasees.
2. I RELEASE AND FOREVER DISCHARGE the Releasees from and against any and all liability for any loss, expense, property damage, bodily injury or death that I may suffer as a result of my participation in the Program, or in any manner connected with, related to or as a consequence of my participation in the Program, due to any cause whatsoever, including any negligence, breach of contract, or breach of any statutory or other duty of care on the part of the Releasees.
3. I AGREE TO HOLD HARMLESS AND INDEMNIFY the Releasees from any and all liability for (a) any damage to the property of, or bodily injury to, any third party, resulting from my negligent or intentional act or omission while participating in the Program; and (b) from any and all non-scheduled or emergency expenses related to first aid or medical treatment or evacuation of myself in the event of an accident, injury or illness. I acknowledge that all expenses associated with non-scheduled or emergency evacuation, rescue or first aid will be my responsibility and not paid by the Releasees.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS
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4. I agree to abide by all local laws and regulations while participating in the Program, and to take responsibility for my own conduct, should I become liable to any person for any loss or damage which I have caused.
5. I agree that this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement shall be effective and binding upon my successors, assigns, heirs, next of kin, executors, administrators and personal representatives.
6. I agree that this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement shall be governed by and construed in accordance with the laws of the Province of British Columbia. Any action or dispute arising out of my participation in the Program shall be instituted or brought in the Courts of the Province of British Columbia, and by signing and delivering this Agreement, I irrevocably accept and submit to the exclusive jurisdiction of such courts, and to all proceedings in such courts.
7. I represent, warrant and agree that, in executing and delivering this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement, I am not relying, and have not relied, upon any representation, promise or statement made by the Releasees which is not recited or embodied in this Agreement.
8. **I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, 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, PERSONAL REPRESENTATIVES AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. IT HAS BEEN EXPLAINED TO ME THAT THE RELEASEES WILL NOT PERMIT MY PARTICIPATION IN THE PROGRAM UNLESS I SIGN AND AGREE TO THIS RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.**
9. **I HAVE BEEN GIVEN THE OPPORTUNITY AND HAVE BEEN ENCOURAGED TO SEEK INDEPENDENT LEGAL ADVICE PRIOR TO SIGNING THIS AGREEMENT.**
10. **(IF THE PARTICIPANT IN THE PROGRAM IS LESS THAN 19 YEARS OF AGE, THE PARTICIPANT'S GUARDIAN MUST SIGN ON THE PARTICIPANT'S BEHALF.) ACKNOWLEDGEMENT OF A GUARDIAN OR PARENT: I am the parent or guardian of the participant named above (the "Child"). I acknowledge that both the Child and I have read this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement. The Child and I understand, appreciate, freely accept and fully assume the risks, dangers and hazards referred to in this Agreement. On my own behalf and on behalf of the Child, I covenant and agree not to sue or commence any legal proceedings against the Releasees in respect of any loss, damage, injury or expense resulting from the said risks, dangers and hazards. I hereby waive any and all claims that I may now or in the future have against the Releasees. I hereby release the Releasees from any and all liability, for any loss, damage or expense that the Child or I may sustain as a direct or indirect result of the Child's participation in the Program. I agree to indemnify and save the Releasees harmless from any all liability for any property damage of, personal injury to, or death of the Child in the Program.**

Signed this _____ day of _____, 20____

Signature of Participant

Witness Signature

Name of Participant (printed)

Printed Name of Witness (aged 19 or older)

UVIC SEMESTER IN GREECE 2021 - PROGRAM FEE AND REFUND POLICY

DEPOSIT

1) With your completed application and signed waiver, students are required to pay a refundable \$1000 deposit, payable to the "University of Victoria" by cheque or money order before October 15, 2020. No cash or credit card payments are possible. Payments are received directly, in person or by mail, at the Department of Greek and Roman Studies (B409 Clearihue), University of Victoria.

The deposit will only be refunded for the following circumstances:

- a) If a student is not accepted into the field school.
- b) If a student chooses to withdraw from the field school before November 16, 2020.

PROGRAM FEE

2) Students are required to pay the full field school program fee (the amount over and above the \$1000 deposit, that is, \$5300) payable to the "University of Victoria" by cheque or money order on or before November 16, 2020. No cash or credit card payments are possible. Payments are received directly, in person or by mail, at the Department of Greek and Roman Studies (B409 Clearihue).

REQUESTING A REFUND PRIOR TO DEPARTURE

3) **Prior to departure**, a student may request a refund of the Program Fee if the student is not able to participate in the field school. The student will only be refunded the portion of the Program Fee that UVic has not already disbursed or paid (e.g., from those funds that may have already been paid to hotels, travel agents, carriers, and other participating businesses, or are allocated to pay fixed group costs). ***Refunds after November 20, 2020 are highly unlikely.***

REQUESTING A REFUND AFTER DEPARTURE

4) Ordinarily, no refunds are provided to students who withdraw from the field school after departure. UVic reserves the right to grant partial refunds at the discretion of UVic. UVic will retain the deposit.

5) Students who are removed from the field school by UVic for behavior, safety, and any other reason are not entitled to a refund of the Program Fee or Deposit. Early return airfare costs are also the obligation of the student who is removed from the Program.

Refunds of tuition or other academic or ancillary fees are subject to regular UVic refund policies.

I confirm that I have read and understood this Field School Program Fee Refund Policy and accept its terms.

Print Name

UVic Student Number

Student Signature

Date