## *This document is applicable to Distance Education Learners who are Residents of Alberta and who are applying to undertake an Educational Program with a Practicum course(s) in Alberta or in a different province in Canada.*

## NEW STUDENT

## ACKNOWLEDGEMENT AND ACCEPTANCE OF

## WORKERS’ COMPENSATION COVERAGE

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE THE LEGAL RIGHT TO SUE THE GOVERNORS OF THE UNIVERSITY OF CALGARY OR YOUR PRACTICUM SITE FOR INJURIES OCCURING AT YOUR PRACTICUM SITE.

**PLEASE READ CAREFULLY!**

TO: THE GOVERNORS OF THE UNIVERSITY OF CALGARY (“UNIVERSITY OF CALGARY”)

NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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UNIVERSITY OF CALGARY ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVINCE OF PRACTICUM SITE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am aware that as a requirement of my Educational Program, I am required to successfully complete practicum courses and that all practicum courses must be completed at Practicum Sites approved by the University of Calgary.

1. I am aware that by participating in these practicum courses I may be exposed to hazards and risks at the Practicum Site, which could result in injury, illness, death, loss, expense and other liabilities or consequences.
2. I am aware that I am considered a worker of the Government of Alberta during my practicum for the purposes of Workers’ Compensation Insurance coverage as per the Alberta Worker Fact Sheet regarding student coverage, available on line at <https://www.wcb.ab.ca/assets/pdfs/workers/WFS_Student_coverage.pdf>. I have read the Fact Sheet and understand that in the event of any injury, work related illness, or death, I, or my family members, may file a claim with Workers’ Compensation.
3. I understand that I and my heirs, next of kin, executors, administrators and assigns, will be prevented from claiming against or suing the University of Calgary or the Practicum Site for damages arising from any injury, work related illness or death sustained by me and arising out of or occurring during the course of the Practicum.
4. I understand that my acceptance of Workers’ Compensation insurance coverage for my practicum courses is a condition of my acceptance into the Educational Program.
5. I understand that I am required to inform Campus Security at the University of Calgary (403-220-5333) within 24 hours of any injury I incur at the Practicum Site and that I am required to report such injury to the appropriate Workers’ Compensation authority of the Province of Practicum Site within 72 hours. I further understand that my failure to do so may impair or impede my access to Workers Compensation insurance.

I have read and understood this Agreement and I agree to accept Workers’ Compensation insurance coverage during my Practicum courses. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the University of Calgary other than what is set forth in this Agreement.

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2\_\_\_\_\_\_\_\_\_\_

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SIGNATURE OF STUDENT SIGNATURE OF WITNESS

**(Non Family Member)**

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PRINT NAME OF WITNESS