

SCHEDULE "C" - SERVICE REQUEST FOR THE GOVERNORS OF THE UNIVERSITY OF CALGARY



Updated:
January 2019

Offsite Activities Service Request

Corporate Risk Management

Note: This form is to be completed and signed when hiring the University of Calgary as the service provider pursuant to its Master Agreement with the CBE. This Service Request is signed by the school principal and the University's Representative. The purchasing of services must comply with Administrative Regulation 7001.

This is a Service Request between The Calgary Board of Education ("CBE") and The Governors of the University of Calgary ("University") under the Master Agreement commencing February 1, 2019 for the Services described below. The complete terms and conditions to which this Service Request is subject can be found in the Master Agreement.

SERVICES

- 1) All Services provided MUST be chosen from those specified in Schedule "A" of the Master Agreement, which is posted in the CBE Staffroom (Intranet) under Off-Site Activities or on the University's Risk Management website. **If the activity is not listed on the Master Agreement or an Amendment then it cannot be part of this Service Request or provided by the University.**
- 2) The following Services are to be provided by the University (*choose **only** from the list specified in Schedule "A" of the Master Agreement*):

Anticipated number of CBE students: _____

Anticipated number of CBE employees / volunteers: _____

- 3) Without limiting any of the terms and conditions of the Master Agreement, the University shall:
 - Perform the Services in a safe and professional manner;
 - Take all reasonable steps to ensure that the activities in its Services are appropriate for the age of the CBE Participants and that they are carried out in a safe and secure manner;
 - Ensure that there is no undue risk of injury or accident that the CBE Participants may suffer; and
 - Ensure that the location and or facilities meet the applicable health and safety standards and that it has taken reasonable steps to ensure that the location where the activity will take place is appropriate and safe.
- 4) DURATION: The Services to be provided pursuant to this Service Request shall be provided from _____ to _____.
- 5) LOCATION: (*include full site address*) _____
- 6) MATERIALS TO BE PROVIDED BY CBE: _____
- 7) CBE TEACHER-IN-CHARGE: _____
- 8) UNIVERSITY PERSONNEL IN CHARGE: (*If known*) _____
- 9) ADDITIONAL RISKS to those specified in Schedule "A and B" of the Master Agreement (CBE will ensure that such risks are communicated to the participants and their parents/guardians):

11) SUBCONTRACTORS USED BY UNIVERSITY: _____

12) OTHER: _____

FEES AND EXPENSES

On receipt and acceptance of invoices, the CBE will pay the University for the satisfactory performance of this Service Request

\$ _____ payable as follows: _____, _____,

_____ (*State how payment is calculated, e.g., lump sum, partial payment, upon completion of deliverables, flat rate, hourly rate. Use a Schedule if more room is required. Principals are reminded to only approve expenditures up to the level permitted in Administrative Regulation 7001, as amended from time to time.*).

CANCELLATION POLICY

University's cancellation policy is (or insert "NA" if not applicable):

ALL INCIDENTS, INJURIES AND NEAR MISSES are required to be reported.

INCIDENTS/INJURIES (including any medical intervention required, calling an ambulance or administering antihistamines is an "incident". The CBE leader must _____. The University leader is required to contact Campus Security at 403-220-5333 as soon as practicable and complete an OARS report within 24 hours of the incident.

NEAR MISSES: The CBE leader must _____. The University leader is required to email riskmgmt@ucalgary.ca and complete an OARS report within 24 hours of the near miss.

On signature by the CBE and the University, the terms and conditions of the Master Agreement shall apply to this Service Request and any attached Schedules.

University's Representative		CBE's Representative	
NAME OF AUTHORIZED SIGNING OFFICER (PRINT)		NAME OF PRINCIPAL (PRINT)	
POSITION		SCHOOL	
SERVICE PROVIDER'S OPERATING ADDRESS		SCHOOL ADDRESS	
PHONE NO.	POSTAL CODE:	PHONE No.:	POSTAL CODE:
SIGNATURE	DATE	SIGNATURE OF PRINCIPAL	DATE

Signatures are required on two copies of this Service Request. One signed copy of this Service Request must be kept at the school. For A, B, C and D Off-Site Activities, attach a copy of this Service Request to the trip documentation when faxing to 294-8458. For any Services that require the completion and execution of a "Work Experience Program Agreement", provide such, executed by the CBE student's parents or guardians, with the applicable Service Request.