



# Ontario/Baden-Württemberg Student Exchange

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## Release Form / Authorization and Acknowledgement OBW Exchange Students

OBW Summer Research

OBW-IBH Program

### Preface

As you know, your participation in the Ontario /Baden-Württemberg Student Exchange Program (“the Program”) is wholly voluntary. Once you have applied to the Program and have been accepted, however, it is a condition of your participation that you understand and sign the Release Form. This Release Form is meant to protect both you and the officials, representatives and agents of the Program. If you have any questions regarding this form or issues of responsibility, please contact the Ontario Program Office.

**After completing the form, please email it to [apoleszczuk@ouinternational.ca](mailto:apoleszczuk@ouinternational.ca).**

### Section 1 (Required Authorization)

I hereby authorize the OUI Ontario Program Office of the Ontario/Baden-Württemberg Student Exchange, which is part of the Ontario Universities International Student Exchanges, to make public my participation in the Program by listing my name, email, home and host universities, and program and level of study in public documents, and to release my name and e-mail address to other Program participants and to include me in an electronic list and/or forum of Program participants (from which I can remove my name at any time). I understand that the OUI Ontario Program Office may not release my address or telephone number without my additional express consent.

### Section 2 (Required Acknowledgement and Release)

In consideration of being permitted to participate in the Ontario/Baden-Württemberg Student Exchange Program, I agree to conduct myself in a responsible manner at all times.

I acknowledge that uncertainties and risks may arise through my decision to participate in the Program, and I agree to take all of them upon myself.

I acknowledge that I am responsible for all aspects of my participation in the Program, including, but not limited to, my health, safety,

Host Institution \_\_\_\_\_

Name of Applicant

*(Please use capital letters)*

Signature

of Applicant \_\_\_\_\_

Date \_\_\_\_\_

insurance coverage, lodging, course selection, study program, travel plans, and legal and financial obligations.

On my own behalf and on behalf of my heirs, executors, and personal representatives, I hereby release and forever discharge (1) the Ontario/Baden-Württemberg Student Exchange Program, its officers, employees, representatives, and agents; (2) York University and its officers, employees, representatives, and agents; and (3) my host university and its officers, employees, representatives and agents, from all claims, costs, and demands, howsoever arising, with respect to my participation in the Program.

I hereby appoint the following person my **Designated Next of Kin** (close relative/ parent or close friend whom we should contact in case of an emergency) and authorize the Program to contact that person for or with information about me unless and until I revoke or change the appointment.

I have fully informed the person designated below as my Next of Kin regarding all aspects of my proposed participation in the Program, including the nature of any possible risks; and he/she has agreed to act as my Next of Kin.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_