

The Mark and Gail Appel Program in Holocaust & Antiracism Education

Learning from the Past

Teaching for the Future

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Agreement and Release Form for 2009-2010 Participants

Preface

Your participation in the Mark and Gail Appel Program in Holocaust & Antiracism Education “Learning from the Past – Teaching for the Future” (“the Project”) is wholly voluntary. It is a condition of your participation that you understand and sign the Release in Section 1 below, and the Acknowledgement and Release contained in Section 2 (p. 2 of this form).

This Agreement and Release Form is meant to protect both you and the officials, representatives and agents of the Project. If you have any questions regarding this form or issues of responsibility, please contact Professor Mark Webber.

After completing both pages of this Agreement and Release Form, please mail it or fax it to Professor Webber (+416 736-5696). Additional copies are available through the Program’s website.

Please note: This form is not part of the application – it should only be filled out by students who have been accepted into the Program and who are confirming their participation.

Section 1 (Required Release)

I, (please print your name in BLOCK LETTERS) _____, hereby authorize the Project organizers to make public my participation in the Project by listing my name, home university, and program and level of study in public documents, including listings on the Project’s website. The Project organizers are further authorized to share my e-mail address with other Project members only. I understand that the Project organizers may not release my address and telephone number without my additional express consent.

I also authorize the Project organizers to share my address and telephone number(s) with other Project participants, and to include me in a listserv of Project participants.

Your Signature _____

Date _____

Witness’s Signature _____

Witness’s Printed Name _____

Section 2 (Required Agreement and Release)

In consideration of being permitted to participate in the Project “Learning from the Past – Teaching for the Future,” I agree to attend the pre-departure session(s) scheduled for my group, to read the Handbook for participants, and based on the information made available to me in the sessions and Handbook and augmented by my own conscientious research and the exercise of good judgment, to conduct myself in a safe and responsible manner at all times and to refrain from all illegal acts. Notwithstanding the above, I acknowledge that uncertainties and risks may arise through my decision to participate in the Project, and I agree to take all of them upon myself.

I further acknowledge that I will be seen as a representative of the Project, my university and my country. I will respect the other participants in the Project, their ideas, emotions, and persons. If the organizers of the Project are convinced that my conduct jeopardizes myself or others, or will gravely impair the Project itself or undermine its reputation, I agree that I will retire from the Project if directed to do so by them. If I leave the Project prematurely, voluntarily or involuntarily, I agree that, if so directed by the Project organizers, I will reimburse the Project for any costs that my premature retirement occasions, including the consequences of any behaviour that may have led the Project organizers to direct me to retire.

On my own behalf and on behalf of my heirs, executors, and personal representatives, I hereby release and forever discharge (1) the Project organizers and their employees, representatives, and agents; and (2) York University and its officers, employees, representatives, and agents, from all claims, costs, and demands, howsoever arising, with respect to my participation in the Project.

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

Your Signature

Your Printed Name

Witness's Signature

Witness's Printed Name

Date

Place

I hereby appoint the following person my Designated Next of Kin and authorize the Project organizers to contact that person for or with information about me unless and until I revoke or change the appointment.

Next of Kin's Name

Their Address

Their Phone (home)

Their Phone (office)

Their Fax

Their E-Mail

Please Note: We require your actual signature and that of your witness – word-processed or typed versions of your (and their) names unfortunately cannot be used.