



# RISK MANAGEMENT PLAN

## APPENDIX A TO ACTIVITY RISK MANAGEMENT PROCEDURE

Once completed, this Form is to be forwarded by the Person in Authority to the Risk Management Department prior to the commencement of the activity. It will be retained for a period established by the University's Records Management System. A copy is to be retained in the office of the Person in Authority. In the case of an undergraduate student activity involving international travel, a copy is to be forwarded to TIP at least three weeks prior to the planned departure.

### SECTION ONE: ACTIVITY AND PARTICIPANTS

Pursuant to the Trent University Activity Risk Management Policy, this form is to be completed by the Activity Coordinator and submitted to the Person in Authority **prior to the start of a high risk activity**, as defined in the Policy. Persons in Authority may set requirements regarding how far in advance of an activity the form must be submitted.

DEPARTMENT/UNIT:

ACTIVITY COORDINATOR:

EMAIL:

PHONE:

EMERGENCY CONTACT:

PHONE NUMBER:

ACTIVITY SUPERVISOR:

EMAIL:

PHONE:

EMERGENCY CONTACT:

PHONE NUMBER:

CATEGORY OF ACTIVITY:

STUDENT GROUP if APPLICABLE (Course Number, Team or Student Club)

DESCRIPTION OF ACTIVITY:(describe each component of the activity as per the Risk Management Procedure)

LOCATION AND DATES OF ACTIVITY ON CAMPUS:

**CHAIN OF RESPONSIBILITY:** (List all those who have a Supervisory role (including alternates); attach additional sheet if necessary)

**Supervisory Role Offsite    Supervisory Role Onsite    Valid Emergency First Aid**

- 1.
- 2.
- 3.
- 4.
- 5.

**OTHER RELEVANT QUALIFICATIONS:** (Specify person and describe qualification)

**NAMES, CONTACT INFORMATION (e-mail, phone) AND STATUS OF PARTICIPANTS (ie. Faculty, staff, student, volunteer) Please List:**

**SECTION THREE: IDENTIFICATION OF DISABILITIES / SPECIAL NEEDS / MEDICAL NEEDS**

Do any of the activity participants have a disability or medical need that would affect their safe participation?    Yes / No

If so, please provide details of the arrangements that have been made to accommodate the special/medical needs:

Do any of the participants have allergies (*e.g.*, to bee stings, food, drugs)?    Yes / No

If so, please indicate the type, seriousness and triggers and the provisions that will be made to deal with allergic reactions should they arise.

**SECTION TWO: RISK ASSESSMENT**

1. List identified hazards associated with each component of the activity.
2. Determine risk score in accordance with the ARM Guideline.
3. Determine and list risk-control measures for each hazard.

**Hazard Identification**

**Risk Score**

**Risk Control Measures**

- 1.
- 2.
- 3.

- 4.
- 5.
- 6.
- 7.

**EMERGENCY PROCEDURES CHECKLIST (ITEMS TO CONSIDER – ALL MAY NOT APPLY)**

1. Handout listing emergency numbers & mobile phone with group
2. Emergency contact number for Campus Security Services (705-748-1333)
3. Alternate address/numbers/information for emergency contacts including nearest Canadian embassy
4. Identify if transport also has radio/phone & number
5. Outline process for contacting Emergency Support
6. Emergency rendezvous site address
7. Team Supervisor & line of authority
8. Identification of First Aid certified participants
9. Identification of translators
10. Identification of alternate/emergency driver(s)
11. Outline use of special equipment

**SECTION FOUR: APPROVAL**

**I certify that I have reviewed the above Activity Risk Management Plan and:**

**Approve the Plan**

**Approve the Plan with the following required changes: (please list changes)**

**Do not approve the plan and do not authorize University sanction of the activity.  
(If selected, the Activity Coordinator must sign the acknowledgment below)**

**Name & Title (Person in Authority):**

Signature

Date:

**ACKNOWLEDGEMENT IF THE ACTIVITY IS NOT APPROVED**

**I acknowledge that the proposed activity has not been approved due to unmanageable risk and has therefore not received university sanction. This means no funding or other university resources will be allocated to this activity. I acknowledge that the above named Person in Authority has advised me not to undertake this activity. Should I decide to undertake the activity despite this advice, I acknowledge that I do so completely at my own risk and liability, without the approval or sanction of the university or coverage from the University's insurance program.**

**Name of Activity Coordinator:**

**Signature:**

**Date:**

# INFORMED CONSENT RECORD



## Appendix B to ACTIVITY RISK MANAGEMENT PROCEDURE

Check Box to Confirm Understanding

I, the undersigned, acknowledge that:

1. I am aware of the known/reasonably foreseeable risks associated with this activity as identified in the Risk Management Plan and I consent to assume them;
2. I am aware that I have certain responsibilities as a Participant under the Activity Risk Management Policy and I consent to assume them;
3. I am in a satisfactory state of health to undertake the activity and I have received all of the prescribed immunizations (where required);
4. I am aware that I will need supplementary health insurance and that I am responsible for obtaining required visas and travel documents for my participation in international activities;
5. I will comply with safety instructions from activity Supervisors; and
6. I will act in a safe and responsible manner throughout the course of the activity, taking into account instructions received and the welfare of others.
7. I understand that activities undertaken during personal time are done so at my own risk and liability.

### RELEASE OF LIABILITY AND WAIVER OF CLAIMS AGREEMENT

In consideration of Trent University allowing my participation in the activity described in the Risk Management Plan, and other good and valuable consideration, the sufficiency and receipt of which is irrevocably acknowledged, I agree as follows:

1. to waive any and all claims that I have or may have in the future against Trent University, its governors, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as the Releasees);
2. to release the releasees from any liability for any loss, damage, death, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the above noted activity, including, but not limited to, negligence, breach of contract, or breach of any statutory or other duty of care, and
3. that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
4. that, in entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.
5. that I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue, which I or my heirs, next of kin, executors, administrators and assigns may have against the releasees.
6. loss, damage, injury, illness, death or expense that I may, or that members of my household(s) may suffer, including the contraction of a Communicable Disease as a result of my participation in this Activity. Communicable Diseases include, but are not limited to, any disease that can be transmitted from one person to another including viruses, bacteria, parasites or other organisms.

**Please note: If the participant is under the age of 18 years, this informed consent form must be signed by their parent or legal guardian. This section is not required to be signed by university employees or students undertaking an activity that is mandatory for academic credit.**

Participant Name:

Signature

Date: