



**Informed Student Consent and Waiver**

This consent must be read in full and signed by the student who voluntarily chooses to participate in a Co-op opportunity, outside of Canada.

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Academic Program: \_\_\_\_\_

As part of your program requirement to participate in experiential learning through the hands-on experience provided by Employers in your field of study, allowing you to meet the criteria for academic credit, as outlined by your Program Chair, you have chosen to participate in a Co-op opportunity outside of Ontario, and outside of Canada, where the College can not assess and approve its working conditions.

As you have chosen to accept a Co-op opportunity outside of Ontario and outside of Canada, you understand that you are responsible for assessing the work conditions and reviewing the health and safety practices of your Host Employer, which is located outside of Ontario and outside of Canada, and you are fully aware of the potential health risk(s) that you are voluntarily assuming, and understand that the College is in no way responsible for any injury or illness that you may incur.

You understand and agree that it is your sole responsibility to ensure that you are legally eligible to work in the jurisdiction of your Host Employer, which is located outside of Ontario and outside of Canada.

You further understand that should you choose to obtain any legal and/or financial advice prior to accepting a Co-op opportunity outside of Ontario and outside of Canada, you are solely responsible for the costs of such advice.

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(confirm with signature)

By choosing to participate in a Co-op opportunity outside of Ontario and outside of Canada, you agree to release Algonquin College and its affiliates, successors and assigns, officers, employees, representatives, partners, agents (collectively, the "Released Parties"), in their individual and/or corporate capacities from any and all claims, complaints, proceedings and causes of action of any nature, known or unknown, which you have or may in the future have against any of the released parties arising out of your voluntary participation in a Co-op opportunity outside of Ontario and outside of Canada.

You also acknowledge and warrant that you have read all parts of this Informed Consent and

Waiver, and fully understand its terms. You further acknowledge that you have had the opportunity to obtain independent legal advice prior to signing this Informed Consent and Waiver.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2023, at \_\_\_\_\_, (City).

Signature of Student: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_