UNIC | Health & Safety

INDEMNITY FORM

External Visits/Field Trips

Student Name: .....

Student ID: .....

Program of Studies: .....

Course Name and Code: .....

Faculty/Staff Member (responsible):.....

Visit to: .....

Date of Visit: ..... / ..... / .....

Whilst attending any visit or field trip organized by the University of Nicosia as part of any course or activity, I agree to comply with all reasonable requests made by the faculty/staff member in charge of the visit or the responsible person at the site/location of the visit and will ensure, as far as is reasonably possible, to comply with all Health and Safety requirements to protect my personal property and well-being, as well as the property and well-being of third parties.

I hereby acknowledge that the University of Nicosia accepts no responsibility for any injury, loss, or damage to any natural or legal person or property, arising out of any reason whatsoever including negligence, during the travel/journey to or from the visit site/location or for the course or duration of the visit/demonstration and that, at all times, I will take all reasonable steps to ensure my safety and well-being as well as that of others.

.... / ..... / .....

Name and Signature Date