

Placement Agreement/Release and Waiver

I, _____ understand that I will be a placement student for CICS, for the specified period from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy), and that during the specified time I will be under the direct supervision of a staff member from CICS, with _____ team.

As a placement student, I fully understand and agree to the following:

- That I will not receive any remuneration, salary, wage, payment or any employee benefit whatsoever, or be covered by Workers' Safety and Insurance benefits.
- That except as authorized, I will not use the CICS's facilities and equipment.
- That I will conduct myself in a professional manner.
- That I shall notify the placement supervisor as soon as possible for being unable to show up at the appointed time due to illness.
- That I understand, accept and operate within the guidelines, policies, procedures and values of CICS.
- In consideration of being permitted to participate as a placement student, I agree to assume all risk of loss or injury, including death to myself or damage to my property while on any of the premises of CICS and elsewhere resulting directly or indirectly from my activities and performance as a placement student. In the event that I am injured and my next of kin cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal.
- That I release CICS and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from or be in any way connected to my participation as a placement student for CICS. I understand that this release applies to both present and future injuries and that it binds my heirs, executors and administrators. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance and implications.
- That in the course of participating in the student placement program, I may be in receipt of confidential information including but not limited to client identities, materials, records, memoranda, data and results pertaining to, arising from or containing particulars of confidential information. I agree that I shall not at any time while I am providing placement services for CICS or at any time after those services are completed, disclose to anyone such confidential information, except as may be required or permitted by law or at the request of CICS or as required to perform the placement services.
- That all material prepared by me, in the performance of my placement services, including copyright therein, shall become the sole property of CICS. I waive any moral rights I may have with respect to all material prepared pursuant to this Agreement in favour of CICS and any of its assignees and licensees.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE CONDITIONS.

Placement Student's Printed Name & Signature

Date

Address

Phone Number