

## STUDENT DECLARATION

I, \_\_\_\_\_, certify that the information above is true, correct and complete in every respect and I understand I may be subject to verification by CAFN or its representatives. I will report to CAFN as soon as possible if there are changes in the information. I am aware legal action can be taken against me for making false statements or failing to inform CAFN of changes to the information affecting my entitlement to allowances and/or Employment Insurance benefits. I am aware that I may be disqualified from receiving benefits should I voluntarily or involuntarily exit the course, or not attend on a regular basis. I hereby declare that I acknowledge the terms and conditions set out in this contract and agree that in the event that I choose not to adhere to one or more of the following, I may be exempted from future funding.

- 1. I am responsible to reimburse CAFN for education costs or allowances, should I voluntarily or involuntarily exit the course, or not attend on a regular basis.**
- 2. I will provide receipts to CAFN for pre-approved education related purchases.**
- 3. I am responsible for any costs incurred in excess of the agreed upon amount.**

I will save CAFN harmless from and against all claims, losses, damages, costs, and expenses related to any injury or death of a person, or loss or damages to property caused or alleged to be caused by this education initiative, and that all necessary liability and life insurance shall be maintained by me for the duration of this activity.

**STUDENT WAIVER:** I agree and authorize that information related to this training may be shared amongst participating Provincial Ministries, Federal Departments and Public /Private Training Institutions identified as being a stakeholder.

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Signature of Client

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Date