

**NO INSURANCE ACKNOWLEDGMENT & RELEASE**  
**(the "Agreement")**

I, \_\_\_\_\_, the undersigned, in consideration of Bridges International Insurance Services ("**Bridges**"), providing to me certain insurance coverage, including, Visitors to Canada insurance for International Experience Canada Program participants (collectively, the "**Services**"), **RELEASE AND FOREVER DISCHARGE** Bridges and its proprietors, employees, agents, and contractors (collectively, the "**Releasees**") from any damages or claims whatsoever which as against the Releasees (or any of them alone) I may have arising out of my termination of the Services.

**I UNDERSTAND AND ACKNOWLEDGE THAT:**

1. valid health insurance covering medical care, hospitalization, and repatriation, is required for my entire stay in Canada;
2. having only a valid provincial health card is not sufficient insurance;
3. repatriation is not covered by provincial health insurance;
4. if my insurance policy is valid for less than my expected stay, I will be issued a work permit that expires at the same time as my insurance policy and I will not be able to apply to change the condition of my work permit;
5. Bridges informed me of the risks of terminating my insurance prior to such termination;
6. I release Bridges from all liability because of my termination of insurance;
7. this Agreement is governed by the laws of British Columbia and the parties agree to attorn to the jurisdiction of British Columbia exclusively;
8. if any part of this Agreement is unenforceable, then the remainder of the Agreement will remain in full force and effect; and
9. This Agreement binds my estate, personal representative, and assigns.

**THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ IT CAREFULLY.**

**I, the undersigned, have read this Agreement and I understand the consequences of terminating my insurance and do so freely at my own will.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature