

Academic Field Trip Waiver Form

STATEMENT OF RISKS AND LIABILITY RELEASE

Name: _____ A#: _____ Phone # _____

Emergency Contact: _____ Relationship: _____ Phone # _____

Name of Program & Field Trip: _____ Date/s of Field Trip: _____

This waiver may apply for a single field trip or multiple field trips for the same program, as indicated. Please read and initial each section. Be sure to check the attachments to this form, if any, which describe specific risks and responsibilities, associated with the particular activity in which you may be engaged.

Field trips provide a valuable and unique learning opportunity and are often required components of academic programs. We would like to support the inclusion and participation of students in as many activities as possible. Field trips often come with particular risks. If you feel a part of the field trip is beyond your ability or if you feel it has some risks you are not prepared to accept, you should feel free to inform your faculty and negotiate alternative activities. Students with disabilities, or other conditions, who require accommodations in order to safely and fully participate in the activity/field trip should notify Access Services well in advance of the trip so that appropriate arrangements can be made. It is your responsibility, however, to constantly evaluate field trip activities and your ability to safely participate in such and carefully decide whether or not you should participate. Participation is voluntary and at your own risk.

Initial _____

PERSONAL RESPONSIBILITIES:

In order for this outing to be enjoyable, it means that you need to take on some very important responsibilities. These responsibilities, in part, include: taking care of personal medical and insurance concerns prior to participating, realistically and honestly evaluating your abilities, reading and abiding by the provisions of the program covenant, and helping in any way possible to make the class, outing, or activity enjoyable for yourself and others.

Initial _____

PERSONAL MEDICAL CONDITIONS:

It is your responsibility to check with a medical doctor to see if you have any medical or physical conditions which might create a risk to yourself or to others who would depend on you during this outing. These conditions may include, but are not limited to, the following: physical or medical disabilities; medication or drugs you may be taking; dietary restrictions; allergies etc. You should discuss any potential problems with the activity leader prior to the outing.

Obligation regarding personal medical insurance: No personal medical insurance is provided by the Evergreen State College. It is your responsibility to obtain proper personal and medical and injury insurance.

Initial _____

USE OF PERSONAL MOTOR VEHICLES AND INSURANCE:

Participating in this activity may involve the use of motor vehicles. If you drive or provide your own motor vehicle for transportation to or from the program site, you are responsible for your own acts and for the safety and security of your vehicle and those who ride with you. You must accept full responsibility for the liability of yourself and your passengers. You are not covered by insurance through The Evergreen State College. Your personal property is not insured for damage or theft.

Riding as a passenger: If you are a passenger in a private vehicle, you should understand that The Evergreen State College, faculty, personnel, or volunteers are not in any way responsible for your safety during this outing. Further, recognize that The Evergreen State College is not responsible for any damage, theft, or injury suffered in the course of traveling in private vehicles.

Initial _____

DRUG & ALCOHOL POLICY:

Consumption of alcohol and recreational drugs (including marijuana) by students, faculty or staff is not permitted on academic field trips.

Initial _____

ADDITIONAL RISKS FOR OUTDOOR FIELD TRIPS:

Certain field trips to remote locations or which involve particularly demanding activities may involve additional risks. In such cases there will be a mandatory pre-trip meeting before the trip date about specific risks and responsibilities. For such trips you must initial the statements in this box, fill out A *Medical History Form*, and sign the *List of activities and associated risks* provided by the field trip organizer.

It is impossible, however, to list all the dangers involved in any activity. The eventualities of injuries, death, or property damage are so diverse that no one can anticipate everything that could go wrong. Here are only some possibilities:

- You can become ill or die from: polluted drinking water; improperly washed eating utensils; snake, insect, or animal bites; exposure to heat or cold; personal health complications, e.g., strokes, appendicitis etc
- You can also sustain injuries or die from: falling; slipping; being caught in avalanches or flash floods, colliding with a vehicle, boat, or other object; being hit by lightning; hit by falling rocks; being attacked by wildlife; becoming entrapped in an overturned boats; receiving burns from hot fire; falling into streams or rivers and drowning; etc.

Initial _____

Medical Rescue Liability: Recognize that some outdoor activities take place far away from medical attention. Help can be hours or days away. Rescue, if possible, is often difficult and expensive. If you must be rescued, you will be expected to bear the costs of the rescue. Injuries, death, and property damage may occur during rescue efforts.

Initial _____

ASSUMPTION OF RISKS:

By signing and initialing as appropriate, you are agreeing to the following:

I have read the foregoing statement of risks together with any attachments associated with this outing and I acknowledge that I am acquainted with the dangers and risks of this outing. Also, I am of the appropriate skill level and physical condition to undertake the rigors of this class or outing, with or without accommodation. If I have any doubts of my physical or mental condition, I will seek medical advice. I have made a careful decision that I am willing to accept and assume all risks.

Initial _____

Additionally I have read the information on personal vehicles and understand that if I drive my own vehicle, I am responsible for my actions. I understand that The Evergreen State College is not responsible for the safety of personal vehicles, nor does it provide insurance. I also understand that personal medical insurance is not provided by The Evergreen State College and that I am responsible for obtaining proper personal insurance coverage

Initial _____

LIABILITY RELEASE:

For and in consideration of The Evergreen State College permitting me to participate in the above-stated event, activity, or class, I understand and agree that situations may arise during the event which may go beyond the control of The Evergreen State College or of outing guides or other program participants. For myself and my personal representatives, assignees, heirs, and next of kin, or any other related party, I RELEASE, FOREVER DISCHARGE, AND AGREE NOT TO SUE the State of Washington, The Evergreen State College and their employees, officers, agents and volunteers, and other outing members from any and all claims and liability arising out of strict liability or ordinary negligence which causes the undersigned injury, death, or property damage. I HEREBY WAIVE ALL SUCH CLAIMS WHICH I NOW OR MAY HEREAFTER HAVE AGAINST THE ABOVE ORGANIZATION OR PERSONS. I have read and understood the above and agree to be bound by it.

Initial _____

IMPORTANT NOTE:

Before signing, read carefully the statements on the front and back of this form. DO NOT sign until you fully understand all statements and the risks associated with this outing. If you have questions, please do not hesitate to ask your faculty.

I HAVE READ CAREFULLY THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE, AND A CONTRACT BETWEEN MYSELF AND THE EVERGREEN STATE COLLEGE, AMONG OTHERS, AND FOR MYSELF AND FOR THE BENEFIT OF OTHERS DESCRIBED HEREIN, I SIGN IT OF MY OWN FREE WILL.

Signature (if over 18) _____ Date _____

Guardian Signature (if under 18) _____ Date _____