

Academic Field Trips

STATEMENT OF RISKS AND LIABILITY RELEASE



Program Name: **FORESTS THROUGH TIME AND SPACE Fall/Winter 04/05**

Name: _____ Phone # _____

Address: _____
STREET CITY STATE ZIP

Emergency Contact: _____ Relationship: _____ Phone # _____

Name of Outing: **Multiple Field Trips throughout two-quarter program** Dates of Outings: Fall 2004 to end of Winter quarter 2005

STATEMENT OF RISKS AND RESPONSIBILITIES:

Please do not participate in this activity if you think there is no risk. You could be severely injured or killed! You and your fellow companions are expected to use common sense to reduce risk for yourself and to others. The material in this section is provided for your general information. Be sure to check the attachments to this form, if any, which describe specific risks and your responsibilities, associated with the particular activity in which you may be engaged.

Initial _____

Participation in this activity is voluntary: Field trips are often required components of academic programs. If you feel a particular part of the outing 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. It is your responsibility, however, to constantly evaluate outing activities and your ability to safely participate in such and make careful decisions whether or not you should participate. Participate at your own risk.

Initial _____

GENERAL RISKS: Please understand that when you participate in recreational or certain skill-developing activities both indoors and outdoors, you are risking your physical being. 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 predict everything that might go wrong. Before you participate, you should become informed, as much as possible, about the inherent dangers associated with the particular activity in which you are to be engaged. Also, you should make sure that you are adequately prepared with the proper skills, equipment, and clothing to minimize these dangers. Here are only some of these 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, heart attack.
- You can also sustain injuries (sprained ankles, deep cuts, blisters, and other wounds) or die from: falling off cliffs; slipping off wet or mossy boulders or trees; being caught in avalanches or flash floods, colliding with a vehicle, boat, rock, log, or tree; being hit by lightning; hit by falling rocks; being attacked by bears or other wildlife; receiving burns from hot fires, gas stoves, or other instruments; falling into streams, rivers, or oceans and drowning; and, with respect to indoor and outdoor activities, falling, being fallen on, tripping, landing on uneven surfaces, sprained ankles, abrasions, lacerations, blisters, fractures, dislocations and even death; as well as many other possibilities.
- Urban and suburban settings also carry risk that can include, but are not limited too: vehicular traffic, fires in buildings, earthquakes, assault, etc.

PROGRAM COVENANT

I acknowledge that I have read, understand and agree to abide by the provisions of the program covenant. Initial _____

PERSONAL MEDICAL CONDITIONS:

It is your responsibility to check with a medical doctor to see if you have any medical or physical conditions that 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 or sensitivities to penicillin, insects, bees, poison oak, horses, dust, hay, foods, etc. You should discuss any potential problems with the activity leader prior to the outing.

Initial _____

Obligation regarding personal medical insurance: No personal medical insurance is provided. It is your responsibility to obtain proper personal medical and injury insurance.

Initial _____

Medical Transport: Recognize that some outdoor activities take place far away from medical attention. Help can be hours or even 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. Recognize also that injuries, death, and property damage may occur while rescue efforts are in progress.

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, and helping in any way possible to make the class, outing, or activity enjoyable for yourself and others. Also, you must attend the pre-trip meeting before the trip date to find out about specific risks and responsibilities that apply to the outing or activity.

Initial _____

USE OF 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.

Initial _____

Riding as a passenger: If you are a passenger in a private vehicle, you should understand that The Evergreen State College, its faculty and any other staff 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:

Alcohol and drugs are not permitted on Academic Field trips.

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. 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 College or the Academic program, and that I am responsible for obtaining proper personal insurance coverage.”

Initial _____

LIABILITY RELEASE:

“For and in consideration of The Evergreen State College and the faculty 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 faculty 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, the faculty, 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 any 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 _____ Date _____

Guardian signature (if under 18) _____ Date _____