

# Field Trip Waiver

## Acknowledgment of Risk

I, the undersigned, acknowledge that I am fully aware of and understand the special risks involved in participating in the field activities of (name of TESC program) \_\_\_\_\_ during the period in (location) \_\_\_\_\_. The risks are those associated particularly with (list specific program activities) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Insurance

I have medical insurance that will provide coverage in (location) \_\_\_\_\_ in case of accidents or illnesses that may occur during the period that I shall be in (name of program) \_\_\_\_\_

The name of the insurance company is \_\_\_\_\_

Policy number \_\_\_\_\_

## Program Covenant

I acknowledge that I have read, understand and agree to abide by the provisions of the program covenant for (name of program) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical/Physical Limitations

Please state here any medical/physical limitations that may affect your participation in the program's field activities, including (list program activities) \_\_\_\_\_

\_\_\_\_\_ that the program faculty or food supervisors should be aware of.

Physical disabilities or conditions: \_\_\_\_\_

List any medication you are taking: \_\_\_\_\_

What special dietary restrictions do you have: \_\_\_\_\_

What else might affect your participation: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ If so, indicate below:

_____ penicillin	_____ dust	_____ bees
_____ wasps	_____ hay	_____ fur
_____ foods (list)	_____ drugs (list)	_____ other (list)

**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 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 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.

Name (print) \_\_\_\_\_ Age \_\_\_\_\_

Signature \_\_\_\_\_ Current Date \_\_\_\_\_