

AUGUSTANA COLLEGE
ACKNOWLEDGMENT OF RISK AND
CONSENT FOR TREATMENT FOR FIELD TRIP PARTICIPANTS

Section 1 (To be completed by field trip leader)

Class: _____

Field trip location: _____

Field trip leader: _____ Telephone: _____

Field trip date(s): _____

Equipment/supplies to be provided:

by participant: _____

by field trip leader: _____

Immunizations required: _____

Physical activities to be undertaken include: _____

Risks inherent in this field trip include bodily injury due to: _____

Section 2 (To be completed by field trip participants)

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of Augustana College employees. I represent that I am able, with or without accommodation, to participate in this field trip, am able to use the equipment and/or supplies described above, and have obtained the required immunizations. I also agree to assume all risks of personal trips or activities undertaken at my own initiative during travel to and from or during the course of the field trip.

Should I require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that Augustana College does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

Print Name

Signature

Date

EMERGENCY CONTACT INFORMATION

Contact

Name _____ Relationship to You _____

Daytime Phone _____ Evening Phone _____

E-mail _____