

Voluntary Assumption of Risk and Informed Consent Form

Lehigh University Field Trip: _____ (name) _____

Lehigh University is a non-profit educational institution. References to Lehigh University include Lehigh University, its trustees, employees, volunteer workers, students, agents and assigns.

I [*print your name*] _____ freely choose to participate in the Lehigh University Field Trip/Activity (*name*) _____ (referred to as the Field Trip/Activity).

I understand that the Lehigh University Field Trip may include several activities, and that as part of these activities, Lehigh University may make certain equipment and certain facilities available to me. Some activities may take place on campus, and other activities may take place off-campus.

I understand that Lehigh University is not an agent of, and has no responsibility for, any third party that may provide any services including food, lodging, travel, or certain equipment associated with the Field Trip/Activity.

Activities may include _____ (*be specific*), or other strenuous indoor or outdoor physical activity. I understand that on any "Wilderness" trip, it may take 48 hours or more to get to a medical care facility, and that transportation to that facility may be by boat or on foot. I accept the increased risk that such isolation may pose in the event of injury.

Participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing, and other personal equipment) and provide the proper personal equipment for my participation in the Field Trip, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the activity, and I agree to observe the rules and practices that may be employed to minimize the risk of injury while pursuing the benefits of the activity. I agree to advise the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree to reduce the risk of injury to myself and/or others by limiting my participation to reflect my personal fitness level, wearing the proper protection as dictated by the activity, not wearing any thing that would pose a hazard in the pursuit of the activity, not ingesting or using any substance during the activity which could pose a hazard to myself or others. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue to participate in the activity.

MEDICAL TREATMENT AUTHORIZATION

I authorize Lehigh University to act on my behalf in any medical emergency. _____ (Initial)

Despite precautions, accidents and injuries can and will occur. I understand that participation in some of the activities of the Lehigh University Field Trip/Activity may be potentially dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Field Trip. Therefore **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not, including but not limited to head trauma, joint trauma, broken bones, oral, eye or other facial injury, other muscular-skeletal injury which may be temporary or permanent, including death, which may occur as a result of participating in an activity or contact with equipment, physical surroundings or other persons.
- Death, injury or loss of or damage to personal belongings arising from travel by air, bus or other conveyance.
- Death, injury or illness including food poisoning arising from the provision of food or beverage by airlines or other service providers.
- Theft or loss of my personal property while in transit or during the Field Trip/Activity.
- Natural disaster or other disturbances, and alteration or cancellation of the Field Trip/Activity due to such causes.

My signature below indicates that I have read and freely signed this agreement.

- IMPORTANT -

READ ENTIRE AGREEMENT BEFORE SIGNING

Signature: _____

Date: _____ (day/month/year)

Name Printed: _____

Address: _____

Tel. No.: _____

Parent's Signature _____

(if participant is under age 18)

Parent's Name Printed: _____

Address: _____

Signatures need not be notarized but must be witnessed

