

Mount Holyoke College Academic Field Trips

Please Print the Following Information and Read and Sign the Following Agreement

Participant Name: _____ Date: _____
Address: _____ Day Phone: _____
_____ Eve. or Cell Phone: _____
Class name/ No.: _____ Year / Semester _____ / _____

INFORMED CONSENT AND ASSUMPTION OF RISK

Mount Holyoke College is a non-profit educational institution. References to Mount Holyoke College (henceforth referred to as MHC) include its trustees, employees, volunteers, students, and participating organizations, agents and assigns.

I understand that ____ field trip/s are mandatory for completing the academic requirements of this class and I freely choose to participate in this class and its Field Trips to various locations as described in the class syllabus during the semester (henceforth referred to as the Trip). I understand that Trip Activities will include _____.

I understand that MHC is not an agent of, and has no responsibility for, any third party including without limitation any sponsor which may provide any services including food, lodging, travel, or any equipment associated with the Trip.

I agree that 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 I will need for the Trip and to provide what I will need. I agree make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue in any activity. I agree to limit my participation to reflect my personal fitness level. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do any thing that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in the Trip/s.

Despite precautions, accidents and injuries can occur. I understand that travel and other activities the Program may undertake may be potentially dangerous and that I may be injured and/or lose or damage personal property, or suffer financial loss as a result of participation in the 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 which may occur as a result of participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; arising from travel by air, car, bus, subway or any other means; death, injury or illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority.
- Theft or loss of my personal property during the Trips.
- Loss or injury as a result of natural disaster or other disturbances.
- Alteration including delay, extension or cancellation of the Trips due to natural disaster, civil unrest, war, terrorist attack, medical quarantine or any other disturbances or causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Program, and that I am aware of the risks involved whether described or not. I further understand that participating in the Trips is an acceptance of risk of injury, death or financial loss. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Trip and the use of facilities, equipment, or services in association with the Trips, and that I am voluntarily assuming all risks, whether known or unknown.

MEDICAL TREATMENT AUTHORIZATION

I authorize Mount Holyoke College to act on my behalf in any medical emergency.

My signature below indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen years of age and that I am otherwise legally competent to sign this agreement. I certify that I am signing this agreement after having carefully read and understood the same, of my own free will. This agreement is made in sole consideration of MHC supporting my participation in the Trips and my use of facilities, equipment, or services associated with the Trips. This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and I consent to the jurisdiction of said state.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Signature: _____ Date: _____ day/month/year
Witness: _____ Witness Name Printed: _____
Address: _____

Signatures need not be notarized but must be witnessed.