INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that \_\_\_ field trip/s are mandatory for completing the academic requirements of this class \_\_[INSERT NAME OF CLASS]\_\_. I acknowledge that I have voluntarily chosen to participate in the following (hereinafter “Activity”):

[LIST OF FIELD TRIP/S]

I understand that there may be risks associated with my participation in this Activity and that such risks could result in property loss or damage, injury or death. In addition to the general risks inherent in all activities (e.g., travel risks, premises risks, bodily injury risks, equipment risks and unforeseeable risks), I acknowledge that this activity may present specific risks including but not limited to the following:

[INSERT SPECIFIC LIST OF FORESEEABLE RISKS]

I agree that my safety is primarily dependent on my taking proper care of myself. I understand that it is my responsibility to know and to provide what I will need for the Activity. I agree that it is my responsibility to know how to safely participate in any activities, and I will observe all rules and practices that may be employed to minimize the risk of injury or property damage. I agree to seek assistance if I do not believe I can safely continue any activity.

I represent that I am physically fit to participate in the activity and that I have adequate health insurance necessary to pay or, in the absence of insurance, will be financially responsible for paying all amounts or charges for any medical bills that I may incur during the Activity. I acknowledge and accept full responsibility for any expenses incurred as a result of such emergency treatment to the extent such expenses are not covered by my insurance. I also agree to indemnify Middle Tennessee State University (“MTSU”) for any liability, including attorney’s fees, for any actions brought against MTSU for any unpaid medical costs or bills I incur. I authorize MTSU to act on my behalf in a medical emergency if I am unable to do so.

I will conduct myself in a responsible manner, act safely, abide by all federal, state, and local laws or ordinances, and follow the rules, procedures or instructions of the activity. I also agree to abide at all times by MTSU’s rules related to student conduct when participating in this Activity. I understand that failure to do so may result in not being allowed to continue participation in the Activities.

Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s M#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the participant is under the age of 18, a Parent/Guardian must also execute this document and by doing so represents that s/he has the right to sign on behalf of the participant and acknowledges and/or agrees to the all the terms stated in this document.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_