## University of Washington

Acknowledgment of Risk and Consent for Treatment for ADULT Field Trip Participants

Section 1 (*To be completed by field trip leader*)

Class:

Field trip leader: Telephone:

Address:

Field trip date(s):

Equipment/supplies to be provided:

 by participant:

 byfield 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 adult 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 the University staff. 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 the University of Washington 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 acknowledge that I have been given the option to purchase field trip insurance through the University. I will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

### Signature Date

Section 3 (*General Information*)

* To request disability accommodations for this field trip, please contact Disability Services Office at least 10 days in advance of the trip by calling (253) 692-4501(voice): (253) 692-4413 (TTY); or (253)692-4602 (FAX).
* To purchase optional field trip insurance, please call (206) 543-3419.
* Immunizations may be obtained through the Hall Health Primary Care center (206) 685-1011 or your primary care physician.

University of Washington

**Acknowledgment of Risk anD Consent for Treatment for Minor Field Trip Participants**

Section 1 (*To be completed by field trip leader*)

Class:

Field trip leader: Telephone:

Address:

Field trip date(s):

Equipment/supplies to be provided:

 by participant:

 byfield 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 parents or guardians of minor 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 the University staff. I represent that my minor child is able, with or without accommodation, to participate in this field trip, is able to use the equipment and/or supplies described above, and have obtained the required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that the University of Washington 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 acknowledge that I have been given the option to purchase field trip insurance through the University. I will notify the trip leader in writing if my minor child has medical conditions about which emergency medical personnel should be informed.

In case of emergency, please contact me at area code \_\_\_\_\_\_tel. \_\_\_\_\_\_\_\_\_\_\_\_ ext.\_\_\_\_\_\_\_

### Signature Date

Section 3 (*General Information*)

* To request disability accommodations for this field trip, please contact Disability Services Office at least 10 days in advance of the trip by calling (253) 692-4501(voice): (253) 692-4413 (TTY); or (253)692-4602 (FAX).
* To purchase optional field trip insurance, please call (206) 543-3419.