

Drexel University – Academic Field Trip or Program

Informed Consent and Assumption of Risk Form

IMPORTANT – READ ENTIRE FORM BEFORE SIGNING

Participant Name: _____

Date: _____

Address: _____

Phone: _____

Class name/No. ("Class"): _____

Year/Semester: ____/____

Drexel University and its trustees, officers, employees, volunteers, students, participating organizations, agents and assigns are collectively referred to herein as "Drexel".

I understand that the class identified above will include Field Trip(s), or Program(s), which are mandatory for completing the academic requirements of the class (collectively, "Trip(s)"). I freely choose to participate in this class with its Trip(s). I understand that activities during the Trip(s) may include, but are not limited to (see additional space on last page):

I understand that participation in the Trip(s) exposes me to risks, including, but not limited to (see additional space on last page):

CONSENT TO PARTICIPATE

I recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in the Trip(s) that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the activities involved in the Trip(s).

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(s) and to provide what I will need. I agree that I must have my own health insurance and that I am responsible for the cost of any medical treatment required during the Trip(s). I agree to fully comply with applicable laws, policies, rules, regulations, Drexel's Student Code of Conduct, and any supervisor's instructions or posted warnings regarding participation in the Trip(s). I agree to stop and seek assistance if I do not believe I can safely participate or continue in any activity. 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 me 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).

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

Despite precautions, accidents and injuries can occur. I understand that travel and other activities connected with the Trip(s) 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(s). Therefore, for myself, **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 or arising from: participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; travel by air, car, bus, subway or any other means; 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 including, without limitation, any loss resulting from the cancellation or delay of the Trip(s).
- Exposure to chemicals, hazardous materials or other potentially harmful substances or animals in research facilities or laboratories.
- Theft or loss of my personal property during the Trip(s).
- Loss or injury as a result of natural disaster or other disturbances.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Trip(s) and that I am aware of the risks involved whether described or not. I further understand that participating in the Trip(s) is an acceptance of risk of injury, death or financial loss.

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MEDICAL TREATMENT AUTHORIZATION

I authorize and give my consent to Drexel to act on my behalf, or on behalf of my child (who is under 18), in any medical emergency, including, if necessary, emergency medical treatment and admission to an accredited hospital or emergency care center. I understand and acknowledge that Drexel does not provide health and accident insurance for the Class participants, and I agree to be financially responsible for any medical bills incurred as a result of medical treatment rendered to me (or to my child).

For residential programs only: Meningococcal disease is a rare, but potentially fatal, bacterial infection, and research has shown that persons residing in dormitories appear to be at higher risk for the disease. A meningococcal vaccine is available that provides protection against the most common strains of the disease. I understand the risks of meningococcal disease as well as the benefits of immunization. I also understand that there may be participants in the Trip(s) that have not been immunized.

Emergency Contact Name: _____ **Phone #:** _____

PHOTO RELEASE

I grant permission for me/my child to be photographed and/or recorded on audio tape, video tape or film, while participating in the Program, and for such photograph(s), recording(s), tape(s) and/or film(s) to be used for promotional and educational purposes of Drexel University. (Check one) Yes No

Signature: _____ Date: _____
(If participant is under 18 years of age, a parent or legal guardian MUST sign this document- see below)

PARENTAL CONSENT (must be signed if Participant is under 18 years of age)

I am the parent or legal guardian of the individual identified at the beginning of this document who will participate in the Trip(s). I acknowledge that my child is attending the Trip(s) with my permission and that I have read, understand and accept the rules and standard(s) of conduct for the Trip(s). I have reviewed the information provided relating to potential risks involved in the activities and Trip(s). By my signature below, I assume all risks on behalf of my child related to the activities and the Trip(s). I have had an opportunity to ask questions about this document. This document is made in sole consideration of Drexel providing the opportunity for my child to participate in the Trip(s) and my child's use of facilities, equipment or services associated with the Trip(s).

Signature Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

ADDITIONAL INFORMATION (IF NECESSARY)