

CONSENT, ASSUMPTION OF RISK, WAIVER, AND INDEMNITY AGREEMENT FOR ADULTS ONLY

EWU Geology Department | Geology Field Trip (Course Name) | (Dates)

For and in consideration for the opportunity to participate in this program/event, Participant voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in the Geology 490 Field Trip.
2. I acknowledge that my participation is voluntary. I also agree that for the purpose of this agreement, "program/event" includes participation in the Geology 490 Field Trip, and any activities related to this program/event, organized by the EWU Geology Department to be held on 6/18/18 – 7/15/18 in Dillon, Montana.
3. I understand and acknowledge that this program/event includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, tripping, muscle or skeletal injuries, collisions, allergic reactions, and exposure to animals, insects or poisonous plants. I voluntarily choose to participate in this program/event with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, or any property belonging to me, while participating in such activity or any activities related to this program/event. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this program/event on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my participation in this program/event.
5. I certify that I am in good health and have no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in this program/event. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm fitness for participation in this program/event;
 - b. If I have a prescription for medications or am taking over the counter medications, I should confirm with my medical provider whether the medications will impact my participation in the program/event; and
 - c. I should not participate in the program/event while under the influence of any medication that may impact my ability to safely participate.
6. Neither EWU, nor their employees/agents serve as guardians or insurers of my safety. EWU does not provide any special insurance for my protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to myself or my property, including but not limited to, emergency transport, emergency medical services, medical treatment, and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage if accident or injury occur.
7. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my ability to fully participate in this program/event. In the event that any medical attention is needed and I am unable to provide consent on my own behalf, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning my health and safety. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval of a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my health and well-being, all at my expense.
8. I grant full permission for EWU to use any photographs, recordings, or any other record of this program/event for any purpose.

By my signature below, I certify that I am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for participating in the Geology 490 Field Trip.

Signature

Date

Printed Name

Date of Birth

Emergency Contact Name

Emergency Contact Phone Number

CONSENT, ASSUMPTION OF RISK, WAIVER, AND INDEMNITY AGREEMENT FOR MINORS ONLY

EWU Geology Department | Geology Field Trip (Course Name) | (Dates)

This form is required for children who wish to participate in the Geology 490 Field Trip. Minors cannot participate in the «Name_of_EventProgram» without the minor's parent/guardian signing this form.

For and in consideration for the opportunity for his/her child to participate in this program/event, the below parent/guardian voluntarily agrees to the following terms and conditions:

1. I certify that I have read this document, understand its provisions, and agree to its terms, which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child's participation in the Geology 490 Field Trip.
2. I acknowledge that participation is voluntary. I also agree that for the purpose of this agreement, "program/event" includes participation in the Geology 490 Field Trip, organized by the EWU Geology Department to be held on 6/18/18 – 7/15/18 in Dillon, Montana.
3. I understand and acknowledge that this program/event includes some inherent and dangerous risks that could result in harm, loss, damage, personal injuries, illnesses, or death. Risks include, but are not limited to, falling, slipping, tripping, muscle or skeletal injuries, collisions, allergic reactions, and exposure to animals, insects or poisonous plants. I voluntarily choose to allow my child to participate in this program/event with full knowledge that the activities may be hazardous. **I voluntarily assume full responsibility for any risks of injury, loss, or property damage.**
4. I will hold EWU, its employees, volunteers, and agents harmless from any and all liability, actions, causes of action, debts, claims, and all demands arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or any property belonging to me or my child, while participating in such activity or any activities related to this program/event. This agreement shall serve as a release and discharge of EWU for any and all liability arising out of or related to this program/event on behalf of myself, my heirs, assigns, or other successors in interest. I agree to indemnify EWU for all loss, damage and expense of any kind or character arising out of injury, death, damage, or loss due to my child's participation in this program/event.
5. I certify that my child is in good health and has no physical, medical, mental or emotional impairments, conditions or concerns that might jeopardize or affect their safety, or the safety of others, related to my child's participation in this program/event. I further understand and acknowledge that:
 - a. I should consult with a medical professional to confirm my child's fitness for participation in this program/event;
 - b. If my child has a prescription for medications or is taking over the counter medications, I should confirm with my child's medical provider whether the medications will impact my child's participation in the program/event; and
 - c. My child should not participate in the program/event while under the influence of any medication that may impact his/her ability to safely participate.
6. Neither EWU, nor their employees/agents serve as guardians or insurers of my child's safety. EWU does not provide any special insurance for my child's protection, and it is my responsibility to obtain any appropriate insurance. I agree that any and all expenses arising from an accident or injury to my child or myself or to my or my child's property, including but not limited to, emergency transport, emergency medical services, medical treatment, and damage or loss to property are my responsibilities. I have obtained and agree to use my personal medical insurance as primary medical coverage for my child if accident or injury occur.
7. I have notified the supervising instructor/staff member of any existing medical condition or medication that could affect my child's ability to fully participate in this program/event. In the event that any medical attention is needed and I am unable to provide consent, I consent to emergency medical treatment and grant EWU and its agents full authority to take whatever actions they may consider to be warranted under the circumstances concerning the health and safety of my child. This includes, but is not limited to, the authority and permission to arrange/provide transportation, approval of a hospital, medical treatment facility, and/or health care provider to provide medical exams, testing, medical treatment, and any medical procedures immediately necessary and advisable in the interest of my child's health and well-being, all at my expense.
8. I grant full permission for EWU to use any photographs, recordings, or any other record of this program/event for any purpose.

By my signature below, I certify I am the legal parent or guardian of the named child, am over the age of 18 and legally competent to sign this form. I certify that I have completely read this document, understand its provisions, and voluntarily accept its terms which constitute legally binding consent, assumption of risk, waiver of claims, and indemnity for my child's participation in the Geology 490 Field Trip.

Minor's Name (Please Print)

Minor's Date of Birth

Parent/Guardian/s Name (Please Print)

Parent/Guardian's Signature Date

Emergency Contact Name

Emergency Contact Phone Number