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## Liability Release and Assumption of Risk Form

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*Read this form carefully. Your signatures will signify that you have done so.*

**Course Name:** \_\_\_\_\_

**Course Dates:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

I understand that, as a participant in and under the arrangements of the College of DuPage Field and Experiential Learning/Study Abroad (FSSA) course, certain risks and dangers may occur. These risks can include but are not limited to: death; injuries, including but not limited to those from adverse weather, rough terrain, equipment failure, transportation accidents, animals, or plants; drowning; trauma from falling objects; injuries caused by other people's actions or negligence; communicable diseases; accidents or illnesses in remote areas; and the hazards of traveling in diverse environments including but not limited to mountains, deserts, bodies of water, tropics, and other countries. I understand that I may experience illnesses or medical emergencies when traveling that may require hospitalization or medical treatment.

I understand that neither College of DuPage, nor its employees and agents, have any responsibility for medical costs incurred on my behalf in the event of an illness or medical emergency. I hereby certify that I am covered by a medical insurance plan and have verified that the coverage provided is in force and effect in the countries to which I am traveling. Such medical insurance is a requirement for participation in this FSSA course. In the event of an accident, injury, illness, or death, I agree to pay for any necessary evacuation and medical expenses.

I understand that neither College of DuPage, nor its employees and agents, shall be held liable for events beyond their control including but not limited to; strikes; war; terrorism; loss or theft of personal property; weather; government actions, restrictions, or regulations; or delays, changes, or cancellation in itineraries; for acts, errors, changes, or omissions of persons or entities outside their control including but not limited to; transportation companies; tour companies; hotels; restaurants; hospitals; and other suppliers of FSSA course services.

I understand that College of DuPage, nor its employees and agents, are responsible for: bodily injury (including death); financial injury; property damage due to the criminal acts of third parties; or medical negligence of health care responders, by companies which provide services during the trip.

### **COVID-19 Pandemic/Public Health Emergencies**

I am voluntarily participating in the FSSA course, and I understand that College of DuPage and its agents are not responsible in any manner for any risks related to COVID-19 or other communicable diseases in connection with the FSSA course. I am fully aware that participation in the FSSA course (including any related travel) carries with it certain inherent risks related to the transmission of communicable diseases that cannot be eliminated regardless of the care taken to avoid such risks. Risks may include but are not limited to; (1) the risk of coming in close contact with individuals who may be carrying communicable diseases; (2) the risk of transmitting or contracting communicable diseases, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such inherent risks.

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### **CONDUCT**

Moving the classroom out into the world adds responsibility for both faculty and students. The faculty is in complete charge of the FSSA course. The faculty may require a student to leave the course at any time if, in their sole discretion, they feel the student's participation may be detrimental to the course or to the member's health. All expenses incurred in leaving a course are the responsibility of the student. The faculty will provide reasonable supervision, instruction and/or guidance for the experience. The faculty is not expected, however, to provide in-loco-parentis, or supervision of free time. Students are responsible for their actions at all times.

### **DRUG AND ALCOHOL USE**

The use of drugs and alcohol is strictly prohibited from all instruction-related activities. Any individual using drugs or alcohol during instruction, or at other times when asked to refrain, or in a manner that is detrimental to the FSSA course or the student's health, may be dismissed from the FSSA course at the sole discretion of the faculty.

## SPECIFIC CONDITIONS ASSOCIATED WITH SOME FIELD EXPERIENCES

The following information describes risks that may be associated with the activities in this FSSA course. Death is a possibility in any FSSA course. In case of medical emergency, the faculty will attempt to arrange evacuation and coordinate first aid until adequate help can be obtained.

### International

Conditions in other countries can be different than conditions in the U.S. Sanitary conditions may promote the spread of diseases not usually encountered at home. Medical facilities and medical care may not be equivalent to U.S. standards, and the means of medical evacuation and health and trauma care available may be limited. Physical and mental health issues can be exacerbated by local conditions, the stress of cultural adjustment, and differences in medical practices abroad. Problems created by a lack of familiarity with language and local customs can result in injury, theft or loss of personal belongings. The faculty will create reasonable precautions but cannot guarantee that the problems mentioned herein will never occur. Students are expected to abide by the customs of the host country and are legally subject to its laws. Neither College of DuPage nor the U.S. government will assist in legal matters abroad. Violation of the host country's criminal and/or civil laws may result in dismissal from the FSSA course.

### Walking, Hiking, and Backpacking

Walking, hiking, and backpacking will generally be undertaken under all but the most extreme weather conditions. Severe weather such as rain, snow, and extreme heat may be encountered. These activities can be physically demanding. Falls and the full range of injuries associated with being outdoors are possible. Rescue in the case of illness or injury may not be immediately available due to remote location.

### Rock Climbing

Rock Climbing should never be attempted without direct instructor supervision. Even with supervision there are risks associated with this activity. The possibility of falls exists, as well as the possibility of injury by falling rocks. Equipment can fail. Faculty will attempt to provide safe conditions during activities. Protection while climbing consists of climbing helmets and a top-rope which will be handled by fellow students. Proper attention to the safety information given by the instructor can minimize, but not eliminate the risks of climbing.

### Biking

In addition to exposure to varying weather conditions including wind and rain, rides take place on public highways and back-country trails. Road and trail conditions vary widely. The possibility of injuries due to falls exists, as well as injury related to collisions with vehicles and stationary objects. Proper attention to equipment and safety practices, such as always wearing a helmet and reflector vest while on the trail, can minimize but not eliminate the risks associated with biking. Helmets are required to be worn while biking.

### Paddling and Boating Activities

The possibility of hypothermia exists whenever immersion in cold water takes place. The possibility of drowning is also present. Proper clothing (i.e., polypropylene, wool, etc.) or wet suits can greatly reduce potential exposure. The risk of capsizing is increased in faster water, and exposed open water involves greater risks because of distance from land and lower water temperature. Approved PDF's are required for all boating activities. Helmets are required on whitewater FSSA courses.

## COLLEGE OF DUPAGE FIELD AND EXPERIENTIAL LEARNING/STUDY ABROAD BELIEVES IN "CHALLENGE BY CHOICE." YOU HAVE THE RIGHT NOT TO PARTICIPATE IN ANY ACTIVITY THAT IS A PART OF ANY FIELD STUDY.

I agree to release and hold harmless College of DuPage, its trustees, officers, employees, volunteers, agents and assigns, the State of Illinois, faculty and assistants from all claims, including personal and financial injury, and loss or inconvenience that may arise during my participation in the College of DuPage FSSA course. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators, and for all members of my family, including minors.

I have read and understand the **Liability Release and Assumption of Risk** form and agree to the terms therein.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

# MEDICAL INFORMATION

Name: \_\_\_\_\_ Cell/Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**GENERAL HEALTH STATUS:** Please summarize your current health status. Provide additional information as needed.

**Mental Health:** Good Reason for Concern **Physical Health:** Good Reason for Concern

**Additional information:**

**ALLERGIES:** Please note allergies and provide details as needed.

**Allergies:** None Food Insect Medicine Latex Other Do you carry an Epi-Pen? Yes No

Allergy details:

**SPECIFIC HEALTH ISSUES:** Do you now have or have you ever had a problem with any of the following?

Y	N	Arthritis/Swollen or Painful Joints	Y	N	Dizziness/Fainting Spells	Y	N	Hernia
Y	N	Asthma/Shortness of Breath/ Respiratory Condition	Y	N	Epilepsy	Y	N	History of Substance Abuse or Addiction
Y	N	Back Pain/Spinal Injury	Y	N	Fear of Heights (Acrophobia)	Y	N	Hypothermia
Y	N	Claustrophobia	Y	N	Fear of Water (Hydrophobia)	Y	N	Kidney/Liver Condition
Y	N	Color Blindness or Night Blindness	Y	N	Gastrointestinal Condition	Y	N	Mental Health Issues
Y	N	Diabetes/Hypoglycemia	Y	N	Hay Fever/Environmental Allergies	Y	N	Mountain/Altitude Sickness
Y	N	Digestive Condition/Ulcers	Y	N	Headaches/Migraines	Y	N	Severe Motion Sickness
			Y	N	Heart Condition			
			Y	N	Heat-related Illness			

List any current illness or injury, noted above or otherwise, and provide details as needed:

List any relevant past illnesses or injuries, noted above or otherwise, and provide details as needed:

List any medications that you are currently taking:

## EMERGENCY CONTACTS: Please list two.

**Primary Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Cell/Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Cell/Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

I have read and completed the **Medical Information and Emergency Contacts** sections of this form and confirm that the information contained herein is accurate and truthful to the best of my knowledge. I authorize College of DuPage and its agents to use this information in an emergency medical situation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_