

Liability Release and Assumption of Risk Form

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

Field Experience Destination: _____

Means of Transportation: _____ Departure Date: _____

I am aware that during the course I am participating in, under the arrangements of the Field and Experiential Learning/Study Aboard program at College of DuPage, certain risks and dangers may occur. These risks can include but are not limited to: death, slips and falls, adverse weather, weather-related injuries, equipment failure, accidents while traveling in motor vehicles, accidents caused by inexperienced drivers, accidents while traveling in motorized and non-motorized boats, drowning, trauma from falling objects, injuries caused by other people's actions or negligence, rough terrain, lightning, animal- and plant-related injuries, diseases, accidents or illness in remote areas, unexpected events, and the hazards of traveling in diverse environments including but not limited to mountain, desert, river, marine, tropical, and foreign cultures. I understand that I may encounter certain illnesses or medical emergencies when traveling that may require hospitalization or medical treatment. I further understand that neither College of DuPage nor any tour agency or provider has any responsibility to me or any member of my family 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 country or countries to which I am traveling. Such medical insurance is a requirement for participation in this program. **In the event of an accident, illness or death, I agree to pay for my evacuation and medical expenses.**

I understand that College of DuPage, its employees and agents, and the faculty-directors shall not be held liable for events beyond their control, such as, without limitations, strikes, war, terrorism, loss or theft of personal property, delays, weather, acts of God, or government restrictions and regulations or for acts, errors, changes, or omissions of persons or entities outside their control, including without limitations, airlines, sea and land transportation companies, tour companies, hotels, restaurants, hospitals, and other suppliers of program services. I also understand that College of DuPage is not responsible for bodily injury (including death), financial injury, or property damage due to the criminal acts of third parties; medical negligence of treating health care persons caused by airlines, bus companies, or other companies which provide transportation or accommodations during the trip delays, changes, or cancellation in itineraries. I agree to release and hold harmless College of DuPage, its trustees, officers, employees, volunteers, agents and assigns, the State of Illinois, faculty and their assistants, directors from all claims, including personal and financial injury, loss or inconvenience that may arise during my participation in the Field and Experiential Learning/Study Abroad program. 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 section of "Conduct of Trips" and the **Liability Release and Assumption of Risk Form** and agree to the terms therein. I also certify that I have reviewed the information on the medical form, and that the information is true and complete to the best of my knowledge.

Signature: _____ Print Name: _____ Date: _____

CONDUCT OF TRIPS

Moving the classroom out into the world projects added responsibility for both the faculty and students. The faculty is in complete charge of the trip. S/he may require a trip member to leave the trip at any time if, in her/his sole discretion, s/he feels the member's further participation on the trip may be detrimental to the trip or to the member's health. All expenses incurred in leaving a trip are the responsibility of the individual. The above faculty will provide reasonable supervision, instruction and/or guidance for the experience. Faculty are not expected, however, to provide in-loco-parentus, or supervision of free time. Students are responsible for their actions at all times.

SPECIFIC CONDITIONS ASSOCIATED WITH SOME FIELD EXPERIENCES

The following paragraphs tell you what many of the extreme risks are that are associated with the activities taught in the Field and Experiential Learning program. Death is a possibility in any outdoor program. All of the risks mentioned are real, but they are extremely unlikely.

International

Conditions in foreign countries are frequently quite different than conditions in the US. Sanitary conditions may promote the spread of diseases not usually encountered at home. Medical facilities and medical care may not be up to US standards, and the means of medical evacuation and trauma care available may be extremely limited. Problems created by a lack of familiarity with language and local customs can in rare instances result in serious injury; the possibility of theft or loss of luggage or valuables exists. Instructors will attempt to arrange reasonable precautions, but cannot guarantee that the problems mentioned above will never occur. I understand that I will be responsible for any additional medical evacuation or expenses incurred as the result of loss, injury, illness or theft.

Hiking and Backpacking

Hiking and backpacking trips will generally be undertaken under all but the most extreme weather conditions. Severe weather such as rain, snow, and extreme heat may be encountered. Backpacking and hiking are 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 since trails may be several miles from any kind of access. Instructors will attempt to arrange evacuation and coordinate first aid until adequate help can be obtained.

Rock Climbing

Rock Climbing should never be attempted without direct instructor supervision. Even with supervision there are certain risks that are potentially associated with this activity. The possibility of falls exists, as well as the possibility of injury by falling rocks. Equipment can fail. Instructors will attempt to provide protection whenever exposure exists. 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 completely 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 helmet and reflector vests while on the trail can minimize but not totally eliminate the risks associate with 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 (ie: polypropylene, wool, etc.) or wet suits and the wearing of PFD's can greatly reduce potential exposure. The risk of capsizing is increased in faster water, and exposed open water involves greater risks because of the distance from land and lower water temperature. Helmets are required to be worn on white water courses and can help to avoid head injuries.

DRUG AND ALCOHOL USAGE

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, may be required to leave the course by the instructor.

**The Field and Experiential Learning/Study Abroad program believes in "Challenge by Choice."
You have the right not to participate in any activity that is a part of any field study.**

STUDENT MEDICAL INFORMATION

Name: _____ Age: _____ Height: _____ Weight: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Statement of Student's Present Health Status:

Statement of Student's Present Physical Condition:

Do you now or have you ever had a problem with allergies? *(Please circle Yes or No. If yes, please explain.)*

Y N Pollen, food, or drug allergies: _____ Y N Insect bite allergies: _____

Do you now or have you ever had a problem with any of the following:

- | | | |
|-------------------------|-------------------------------|-------------------------------|
| Y N Asthma | Y N Kidney/Liver | Y N Diabetes |
| Y N Rupture/Hernia | Y N Dizziness/Fainting Spells | Y N Severe Motion Sickness |
| Y N Epilepsy | Y N Back Pain/Spinal Injury | Y N Frequent/Severe Headaches |
| Y N Shortness of Breath | Y N Hay Fever | Y N Stomach/Intestinal/Ulcers |
| Y N Heart Trouble | Y N Swollen/Painful Joints | Y N Hypoglycemia |
| Y N Hypothermia | Y N Night Blindness | Y N Mountain Sickness |
| Y N Color Blindness | Y N Hemorrhoid | Y N Claustrophobia |
| Y N Hydrophobia | Y N Acrophobia | Y N Heat Illness |

List any illness or injury other than those already noted:

List any injuries to bones or joints:

List any medical problems, illness, injuries, or chronic conditions that you have been treated for by clinics, physicians, or other practitioners within the last five years:

List any medications that you are currently taking:

WHOM SHOULD WE NOTIFY IN THE CASE OF AN EMERGENCY?

Name: _____

Relationship: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____