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: _____

Field Trip Address: _____

Field trip date(s): _____

Equipment/supplies to be provided:

by participant: _____

by field 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	*Print Name*	Date

Section 3 (*General Information*)

- To request disability accommodations for this field trip, please contact Disabled Student Services at least 10 days in advance of the trip by calling (206) 543-8924 (voice): (206) 543-8925 (TTY): or (206) 616-8379 (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.