Section 1 (To be completed by the course instructor)

Course Title: ___________________________ Qtr/Yr: __________________
Course Teacher: _______________________ Telephone: ____________________
Location Destination: ________________________________
Trip Date: ____________________ or to be completed by the date: _________________
Physical activities to be assigned include: __________________________________
________________________________________________________________________
Risks inherent in this field trip include bodily injury due to: ___________________
________________________________________________________________________
Supervised? ☐ Yes ☐ No

Return completed form by the date: ________________

Section 2 (To be completed by course participants 18 years or older)

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 beyond the control of the university faculty/staff. I represent that I am physically able, with or without accommodation, to participate in this field trip, and am able to complete the activities described above.

I further assume responsibility for transportation, safety and liability for those activities that the course teacher has left to the student’s own discretion.

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 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 will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

I acknowledge that, on those trips where use of the public transportation system is recommended, I will take precautions which may include, but are not limited to, traveling with another person, traveling during daylight hours, and being aware of my environment at all times.

I understand that I am not authorized to complete or participate in this activity until or unless I have returned a completed and legally signed form to an authorized agent of Seattle Pacific University, as noted above.

Name: ___________________________ Date: ______________________
Signature: __________________________

Section 3 (To be completed by guardian of trip participants younger than 18 years)

Name: ___________________________ Date: ______________________
Signature: __________________________