

RELEASE and INDEMNIFICATION FORM for

[NAME OF TRIP and LOCATION, DATE]

Name of Participant: _____

Contact Info _____

Trip Name "Trip": _____

Departure Dates: _____ Return Dates: _____

Location(s): _____

I am aware that during this field trip, (the "Trip") in which I am participating under the arrangements of the [ORGANIZATION], certain risks and dangers may exist, including but not limited to the hazards of travelling, accidents or illness in remote places without medical facilities, the forces of nature and incidents associated with travel by boat, truck, or other means. More particular risks for this "Trip" may include but are not limited to:

I accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this Excursion.

In consideration of approval to participate in this "Trip", I, for myself, my heirs, next of kin, executors, administrators and assigns agree to **hereby release and forever discharge** the [ORGANIZATION], its officers, directors, servants, employees and agents from any and all actions, claims and demands for damages, loss and injury, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in the above- noted Excursion. I also acknowledge the [ORGANIZATION] does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally. In these cases, I agree to be accountable in all respects for my own conduct and all actions, claims and demands for damages, loss and injury which may arise as a result of my own conduct. I acknowledge and agree not to ask the University, its officers, directors, servants, employees and agents to accept the consequences thereof and agree to indemnify the University, its officers, directors, servants, employees and agents from any claims or demands which might be made against the University, its officers, directors, servants, employees and agents arising out of or as a result of my own conduct. If circumstances arise which the [ORGANIZATION], in its sole discretion considers to be an emergency, I authorize the [ORGANIZATION] to disclose any of my personal medical, health or contact information, as appropriate.

I declare that I have read and understood the above Release and Indemnification Form for the "Trip" in its entirety and I hereby agree to be bound by the terms and conditions. I am aware that by signing this agreement, I am waiving certain legal rights which I, my heirs, next of kin, executors, administrators and assigns may have against the University, its officers, directors, servants, employees and agents.

Printed Name of Participant: _____

Date: _____

Signature of Participant or Guardian if the Participant is a Minor: _____

Witness: _____

Trip Safety

Basic Safety Rules:

1. You should ordinarily travel and work in pairs or larger groups whenever the whole group splits up. There may be occasions when it is necessary to travel or work alone. In such cases, it is important to inform others of your destination, and anticipated time of return.
2. Persons with severe allergies are responsible for carrying the appropriate antidote kit. Some trip sites are in remote locations where emergency medical treatment may not be available.
3. Persons with particular medical or dietary needs must advise the coordinator [NAME] and are responsible for carrying the appropriate medicines or food.
4. Persons should carry a map when working in isolated areas. As well, when working in unfamiliar heavily wooded areas, it is important to "flag" the route from the base to your studysite.
5. All persons riding in a boat must wear a personal flotation device (PFD, lifejacket). All boats in use must have sufficient PFDs for all participants.
6. Participants must understand and use basic bear safety precautions while on the "trip" (e.g., appropriate storage of food, disposal of garbage, use of bear-bangers).
7. Other: _____
8. Other: _____
9. Other: _____

EMERGENCY INFO

Printed Name of Participant: _____

Signature of Participant or Guardian if the Participant is a Minor: _____

Health Information:

Provide information any allergies, drug sensitivities or any other medical conditions which we should be aware:

Emergency Contact Number:

Name: _____ Relationship: _____

Address: _____ Phone: Home: _____ Other: _____

HEALTH COVERAGE

I acknowledge that it is my responsibility to carry sufficient health insurance to cover any extra costs involved in health care inside and/or outside CANADA.

Health Care Number (Territorial/Provincial): _____

Name of other insurer(s) and policy numbers: _____

I acknowledge that I have read the information contained on this Excursion Safety Sheet. I acknowledge that I am responsible for my own safety and for advising the coordinator [NAME] of any medical condition which may impact on my participation in the "Trip". Since emergency medical treatment may not be available at all times during this "Trip", I also acknowledge my responsibility to travel with whatever medications necessitated by the above-noted condition.

Date: _____

Signature: _____

Participant or
Guardian