

University of Vermont Department of Risk Management

Acknowledgment of Risk and Consent for Treatment during Field Laboratories & Field Trips

Section 1 *(To be completed by field lab LEADER)*

Class: _____

Field lab leader: _____ Contact: _____

Address: _____

Field lab date(s): _____

Equipment/supplies to be provided:

- by participant: _____

- by field trip leader: _____

Immunizations required (check with Center for Health & Wellbeing): _____

Physical activities to be undertaken include: _____

Risks inherent in this field trip include bodily injury due to: _____

Section 2 *(To be completed by field lab PARTICIPANT)*

I acknowledge that there are certain risks inherent in field laboratories, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented. I represent that I am physically able, with or without accommodation, to participate in this field laboratories for this course, am able to use the equipment and/or supplies described above, and have obtained the required immunizations, if any.

Should I require emergency medical treatment as a result of accident or illness arising during the field lab, I consent to such treatment. 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 will follow the student code of conduct as described in the [UVM Code of Student Rights & Responsibilities](#). I will not possess or use alcohol or unlawful substances while participating in course work. I will wear a seatbelt at all times during transportation to and from the field site.

Name *(please print)*

Signature

Date

Signature of parent/guardian (if participant is a minor)

Date

Section 3 *General Information*

To request disability accommodations for this field trip, please notify your trip leader or contact the [ACCESS](#) Office at least 10 days in advance of the trip by calling (802) 656-7753 (voice); (802) 656-3865 (TTY); or (802) 656-0739 (FAX).

Immunizations may be obtained through the Center for Health & Wellbeing (802) 656-0847 or your primary care physician.

Section 4 *Health Insurance Information*

Participant's Health Insurance Company: _____ Policy # _____