

University of Vermont
Acknowledgment of Risk and Consent for Treatment during Field Trips

(A photocopy of your identification documentation is required and must be attached to this application.)

Section 1 *(To be completed by field trip leader)*

Field Trip Description: Trip to China Town and Chinese Garden in Montreal

Field trip date: October 11, 2008

Field trip departure/return time: Depart at 8:30 am; return by 6:30 pm

Field trip leaders:

| NAME | EMAIL | TELEPHONE |
|-----------|------------------------------------------------|-----------|
| John Yin | iyin@uvm.edu | 656-0371 |
| Diana Sun | dsun@uvm.edu | 656-0354 |
| | | |

Equipment/supplies to be provided by trip leaders:

First-Aid Kit

Equipment/supplies to be provided by participants:

As each participant views as necessary for him/herself.

Section 2 – Copy of Identification Documentation

Please bring your **passport (and visa if applicable as well your I-20 form if you are an international student) or birth certificate or driver's license and UVM student ID** to enter Canada and re-enter the U.S. A photocopy of your identification documentation is required.

 Copy of ID documentation.

Section 3 (General Information)

Name (*please print*) (_____) _____
Cellular Phone Number

Date of Birth UVM ID Number

Permanent Address: _____

Permanent Phone: _____

Local Address: _____

Residency Status: _ In-State _ Out-of-State Passport Number/Country: _____

Emergency Contact Information:

List the person(s) you want us to contact in the event of an emergency.

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Address: _____

Section 4 (Health Insurance Information)

Participant's Health Insurance Company: _____

Health Insurance Policy #: _____

Please disclose any if you have any medical conditions (including food allergies) about which emergency medical personnel should be informed:

NOTE: Immunizations may be obtained through the Student Health Center (802) 656-0847 or your primary care physician. To request disability accommodations for this field trip, please notify your trip leader or contact the Specialized Student Services 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).

Section 5 (Field Trip Agreement)

I acknowledge that there are certain risks inherent in field trips. I acknowledge that all risks cannot be prevented. To the best of my knowledge, I am in good health and suffer no disability or condition that, even with reasonable accommodation, would render my participation medically inadvisable. 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 Vermont 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. If a student, I will follow the UVM Code of Student Rights & Responsibilities. I will not possess or use alcohol or unlawful substances while participating in this field trip. I will wear a seatbelt (if provided) at all times during transportation to and from the field site. I understand that my participation in this program is voluntary and that I voluntarily assume all risks of injury to myself or damage to my property and agree to hold harmless UVM, its officers, directors, employees and authorized agents from any and all liability, claims, or causes of action arising out of my participation in field trip activities or transportation to and from. This hold harmless, however, shall not apply to injuries or damages arising out of the sole negligence of UVM, its officers, directors, employees or authorized agents.

By signing below, I acknowledge that I have read, understand, and agree to abide by this agreement.

Name (*please print*)

(_____)_____
Cellular Phone Number

Signature

Date

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

Date