

**Augustana College  
Waiver and Release of all Claims &  
Consent for Medical Treatment**

Please read this form carefully and be aware that by signing this Waiver and Release and participating in the activity described in Section 1 below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you might sustain as a result of any and all activities connected with and associated with your participation.

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

Class: \_\_\_\_\_

Field Trip Location: \_\_\_\_\_

Field Trip Leader: \_\_\_\_\_ Telephone: \_\_\_\_\_

Field Trip Date(s): \_\_\_\_\_

Description of Field Trip, including physical activities to be undertaken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risks inherent in this Field Trip include, but are not limited to:

\_\_\_\_\_  
\_\_\_\_\_

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**Section 2** *(to be completed by Field Trip participants)*

**1. Assumption of Risks.** I wish to participate/engage in the Field Trip described in Section 1 above. I agree to abide by the rules and policies adopted by Augustana College and the Field Trip Leader that pertain to the Field Trip. I understand that engaging in the Field Trip may involve inherent risks and dangers, I am also aware that hazards may exist, may be unmarked and occur without warning, and that appropriate safety equipment, proficiency checks, supervision and enforcement of rules by the Field Trip Leader do not and cannot guarantee my safety. I am able to perform the essential functions required to participate in the Field Trip, and I am freely and voluntarily engaging in the Field Trip. I REPRESENT AND WARRANT THAT I HAVE READ AND UNDERSTOOD THIS FORM, AM OF SOUND MIND, HAVE LEGAL AUTHORITY AND FREELY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER PROPERTY DAMAGE, SEVERE PERSONAL INJURY OR EVEN DEATH WHILE PARTICIPATING IN THE FIELD TRIP, not only in the ways described above, but also in unknown/unexpected ways, even if instructions are followed.

**2. Waiver, Release and Indemnification.** I understand and acknowledge that neither Augustana College, the Field Trip Leader, nor any of its affiliates are insurers of my conduct. TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY RELEASE, WAIVE, COVENANT NOT TO SUE, AND DISCHARGE THE FIELD TRIP LEADER AND AUGUSTANA COLLEGE, AND ITS AFFILIATES AND ALL OF THEIR TRUSTEES, DIRECTORS, MANAGERS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND REPRESENTATIVES (COLLECTIVELY, THE "RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, ILLNESS OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR LOSS OR DAMAGE TO ANY PROPERTY BELONGING TO ME, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE, ARISING OUT OF OR RELATED TO MY ENGAGING IN THE

FIELD TRIP. I ASLO AGREE THAT, IN THE EVENT THAT ANY PERSON BRINGS ANY CLAIM OR ACTION INDIVIDUALLY OR ON MY BEHALF, RELATED TO ANY INJURY OR LOSS SUFFERED BY ME AS A RESULT OF MY PARTICIPATION IN THE FIELD TRIP, THAT I WILL INDEMNIFY THE RELEASEES AGAINST SUCH CLAIMS, INCLUDING PAYMENT OF ATTORNEY FEES. I AGREE THAT THIS DOCUMENT SHALL BIND MY GUARDIAN, ASSIGNS, HEIRS, ADMINSTRATORS AND EXECUTORS FOREVER.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to You \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*(Document updated Oct. 15, 2012)*