



FIELD TRIP ASSUMPTION OF RISK AND INFORMED CONSENT FORM

I, _____ the undersigned Participant, desire to attend a class field trip in conjunction with the course _____ taught by _____ to be held on the date(s) of _____ (to _____). The field trip will go to _____ .

In consideration for being permitted to participate in the Field Trip, I hereby agree to and represent the following:

- 1. I acknowledge that the physical activities to be undertaken on the Field Trip could include: **Hiking significant distances to include night hiking (often in uneven terrain and along streams) and night time excursions to watch wildlife.**
- 2. I acknowledge that there are risks and dangers associated with field trips and that all risk cannot be prevented. The risks and hazards of this Field Trip, which can result in injury to me, death and property damage include, but may not be limited to: **outdoor activities like walking, hiking, possible encounters with venomous reptiles or other wildlife, insect bites, exposure to pathogens found in New Mexico, and other risks that may or may not be foreseeable.**
- 3. I will indemnify, defend and hold harmless UNM, its Regents, officers, agents, students and employees for the cost of defense and for damages awarded, if any, as a result of any claim or lawsuit alleging bodily injury (including death) to any person or damage to property, arising out of, or connected in any way with, my participation in the Field Trip.
- 4. I acknowledge that UNM-LA does not provide medical insurance for field trip participants. I agree to be financially responsible for any medical bills incurred as a result of any medical services that I receive.
- 5. I represent that I am physically able, with or without accommodation, to participate in the Field Trip and am able to use necessary equipment and/or supplies. If I need accommodations for a disability for the Field Trip, I understand that I must contact the Student Services two weeks prior to the field trip.
- 6. Should I require emergency medical treatment as a result of accident or illness arising during the Field Trip, I consent to such treatment. I understand that the instructors on the Field Trip may not have up to date emergency medical training and that in an emergency, the instructors will use their best efforts to protect my well-being and safety. I will notify the professor leading the trip in advance in writing if I have a medical condition about which emergency personnel should be informed.
- 7. I hereby provide the following emergency contact information (Optional):
Name of emergency contact and phone: _____
Health insurance company and policy number: _____
Severe allergies or other medical condition: _____
- 8. I understand that the UNM-LA Student Code of Conduct applies to me during the Field Trip. I understand that UNM-LA has the right to enforce the Student Code of Conduct and that sanctions may be imposed for violations, up to and including dismissal from the Field Trip and expulsion from UNM-LA.

I have carefully read this form before signing it and I voluntarily accept the risks described herein. No representations, statements or inducements, oral or written, apart from the foregoing written statement, have been made. The laws of the State of New Mexico shall govern this agreement, and New Mexico shall be the forum for any lawsuits filed under or incident to this form or to the Field Trip.

SIGNATURE OF PARTICIPANT

PRINTED NAME (NAME AS IT APPEARS ON PASSPORT)

BANNER ID

DOB (DATE OF BIRTH)

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

DATE