GEO SCI 100 FIELD TRIP SIGN-UP FORM

Part 1: Conditions agreement

I understand the specific field trip conditions as follows: (Please check off the boxes and sign below.)

☐ The field trip ticket is NONREFUNDABLE and NONTRANSFERABLE.

☐ My UWM account will be billed $25.00 by the UWM Bursar’s office, and I agree to pay this fee, even if I fail to show up for the field trip.

☐ I will be required to show my student ID (or other photo ID) upon boarding the bus.

☐ UWM does NOT provide health insurance for me while on the field trip (as stated in the waiver) and I should bring evidence of health insurance coverage along with me on the field trip.

☐ All UWM rules and policies apply to off-campus educational experiences such as this field trip.

☐ Absolutely no alcohol, drugs or weapons are allowed.

☐ Lunch and beverage will not be provided by UWM, and we will not make any stops specifically to buy lunch. (So, I will need to bring my own!)

☐ Some stops on the trip will require the ability to hike moderate distances (up to 2 miles) along uneven trails. Some trails will have steep slopes. Hiking or similar sturdy walking shoes are strongly recommended. Rain gear or other weather-appropriate clothes are also strongly recommended.

Name: __________________________ Signature: __________________________ Date: ______

Part 2: Emergency contact information  

- PLEASE PRINT LEGIBLY -

Student's name: __________________________

Student's cell phone #: __________________________

Person to be contacted in case of an emergency: __________________________

Home phone #: __________________________ Work or cell phone #: __________________________

Alternative person to be contacted in case of an emergency: __________________________

Home phone #: __________________________ Work or cell phone #: __________________________

Medications, allergies or other medical condition(s) that emergency personnel should be aware of: __________________________

(Note: If you want the medical information described above to remain private, please put this form directly into the envelope on the front desk, whereby it will only be removed if there is an emergency while on the trip.)
Part 3: Field Trip Waiver - Agreement for Assumption of Risk, Indemnification, Release

I, ________________________________ (print name), age ______, desire to participate voluntarily in the University of Wisconsin –Milwaukee (“UWM”) Geo Sci 100 optional Field Trip to Devil’s Lake on Saturday, October 17th, 2015.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Robert Graziano, AT TELEPHONE NUMBER 414-229-3648.

Assumption of Risks:
I understand that hiking on uneven terrain, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I understand that UWM has advised me to seek the advice of my physician before participating in the above-listed activity. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by UWM, the Board of Regents of the University of Wisconsin System, or the State of Wisconsin (collectively, the “Releasees”). I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature: _________________________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18): __________________________________Date:______________________

Hold Harmless, Indemnity and Release:
In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Releasees and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasees, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature: _________________________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18): __________________________________Date:______________________

Part 4: Field Trip Waiver - Consent for Emergency Treatment

Consent for Emergency Treatment:
I authorize UWM and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _________________________________________________ Date:______________________

Signature of Parent or Guardian
(If Participant is under 18): __________________________________Date:______________________