TO:

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY!

NAME OF PARTICIPANT:

ADDRESS OF PARTICIPANT:_

COURSE CODE & TITLE / ACTIVITY NAME: Field Trip

COURSE / ACTIVITY DATE:___

ASSUMPTION OF RISK

Participation in the activity(s) of **Field Trip**, carries with it certain inherent risks. Iam aware that, while participating in the activity(s), I may be exposed to any manner of harm, injury, illness, death or property damage resulting from such risks, including but not limited to the following:

General:

- Loss or damage of personal property by any means including, but not limited to, theft, vandalism, fire, or water damage;
- Travel by motor vehicle, bus, traffic accidents, poor road conditions, water craft, airplanes or any other means of transportation to, from, or during the activity(s).
- Loss, damage, injury, illness, death or expense that I may, or that members of my household(s) may suffer, including the contraction of a Communicable Disease as a result of my participation in this Activity.
 Communicable Diseases include, but are not limited to, any disease that can be transmitted from one person to another including viruses, bacteria, parasites or other organisms.

NOTE: Please consult with your physician prior to participating in any physical activity(s) or using any equipment if you have any pre-existing conditions which may be affected by your participation in the activity(s).

Wilderness & Outdoor Activities/Travel:

- **Mountainous and Steep Terrain:** Steep slopes, tree wells, tree stumps, creeks, icy, slippery or uneven terrain, rocks and boulders, or obstacles and hazards which may be hidden or covered;
- **Remoteness:** Becoming lost or separated from guides or companions, the inability to access rescue and medical help in the event of an accident or difficulty or inability to communicate in remote areas which may limit access to medical help in an emergency;
- Animals: Contact with aggressive or curious animals including bears or other carnivores, elk, moose, or other large animals, rodents, snakes, and/or birds etc.;
- Weather: Severe or varied exposures to cold, wet or windy weather, sleet, rain, hail, thunder and lightning, reduced visibility, the effects of strong sunlight, along with weather/extreme conditions that change rapidly without warning or can occur at any time;
- Other Outdoor Risks: Rock fall, tree fall, avalanches, floods, mud slides, hypothermia, dehydration, exposure to tick, flea or other insect borne illnesses/diseases, various water-borne parasites, bacteria, or other elements.

Physical Activities:

- All manner of muscular and skeletal injuries, bruises, scrapes, cuts, strains, sprains, leg cramps, dislocations, or bone injuries;
- Head, facial, dental and neurological injuries such as concussions and traumatic brain injuries (TBI);
- An increased load on the heart that may result in dizziness, shortness of breath, fainting, chest pain or discomfort, nausea, and in extreme circumstances may result in a heart attack;
- Falling against, impacting, entanglement or impairment on apparatus, equipment or other natural or man made obstacles (visible or non-visible), or against the ground, floors, walls or other surfaces;
- Contact with participants or other people or injuries arising from their actions;
- My participation and/or use of equipment beyond my own skills and abilities; and
- The use, misuse, failure or malfunctioning of equipment.

NOTE: Appropriate footwear and gloves for this activity are required.

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I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of ______ permitting my participation in the activity(s) of **Field Trip**, I agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against

______and its members, officers, employees, students, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees");

2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the activity(s) of **Field Trip** due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OFCONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE <u>OCCUPIER'S LIABILITY A</u>CT, RSA 2000 c. 0-4 AS AMENDED ON THE PART OF THE RELEASEES;

<u>(Initial here that you have read paragraph 2.)</u>

- 3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the activity(s) of **Field Trip**; and
- 4. THAT if I am supplying my own equipment, I am responsible for ensuring that it is safe and well maintained and up to the requisite standards for the activity(s) in which I am participating. I understand that the Releasees accept no responsibility for any incidents or accidents occurring out of the use or misuse of my equipment.

(Initial here that you have read paragraph 4.)

5. This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees, other than what is set forth in this Agreement.

I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____

SIGNATURE OF PARTICIPANT

WITNESS SIGNATURE (Non Family Member)

WITNESS NAME (please print)

This Agreement must be completed in full, without alteration, signed, dated and witnessed, and paragraphs 2 and 4 must be initialed before the participant may participate in the activity(s).