

Atlantic Cape Community College
Academic Field Trip(s) Consent Form
Students are asked to please read this form carefully, then sign this form as indicated.

Student Name:

Date:

Cell Phone Number:

Semester and Year:

Course Name and Section Number:

Emergency Contact Name:

I, _____ understand that as many as _____ field trip(s) may be assigned as part of the academic requirements of this course. I freely choose to participate in this course and its field trip(s) to various locations as outlined by the Instructor during the semester.

I understand and agree that Atlantic Cape Community College (Atlantic Cape), its faculty, staff, administrators, Board of Trustees or agents may not be held liable in any way for an occurrence in connection with my participation in the field trip(s) that may result in injury, death or other damages to me or my family, estate, heirs or assigns. In consideration of my willingness to participate in the field trip(s), I hereby personally assume all risks in connection with said field trip(s) for any harm, injury or damage that may occur to me, whether foreseen or unforeseen.

I understand that Atlantic Cape is not an agent of, and has no responsibility for, any third party including without limitation any sponsor which may provide any services including food, lodging, travel or any equipment associated with the field trip(s). I further hold harmless any persons associated with the field trip(s) from claim by me, or my family, estate, heirs or any persons.

ASSUMPTION OF RISK

I agree that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for the field trip(s) and to provide what I will need. I agree to make sure that I know how to safely participate in any activities, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue in any activity. I agree to limit my participation to reflect my personal fitness level. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do anything that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to myself or others. I understand that if I do not agree to act in accordance with this consent, then I may not be permitted to continue to participate in the field trip(s).

Despite precautions, accidents and injuries may occur. I understand that travel and other activities the field trip(s) may undertake may be potentially dangerous and that I may be injured and/or lose or damage personal property, or suffer financial loss as a result of participation in the field trip(s). Therefore, I ASSUME ALL RISKS RELATED TO THE ACTIVITIES, including but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including, but not limited to, bodily injury of any nature, whether severe or not, which may occur as a result of participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; arising from travel by air, car, bus, subway or any other means; death, injury or illness including, food poisoning, arising from the provision of food or beverage by service providers.
- Theft or loss of my personal property during the field trip(s).
- Loss or injury as a result of natural disaster or any other disturbances or causes.
- Alteration including delay, extension or cancellation of the field trip(s) due to natural disaster or any other disturbances or causes.

I further acknowledge that the above list is not inclusive of all possible risks associated with the field trip(s), and that I am aware of the risks involved whether described or not. I further understand that participating in the field trip(s) is an acceptance of risk of injury, death or financial loss, and I am voluntarily assuming all risks, whether know or unknown.

MEDICAL TREATMENT AUTHORIZATION

I authorize, but do not obligate, Atlantic Cape to provide emergency medical treatment in the event of an accident or illness that may occur while participating in the field trip(s).

My signature below indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen years of age and that I am otherwise legally competent to sign this agreement. I certify that I am signing this agreement, after having carefully read and understood the same, of my own free will. This agreement is made in sole consideration of Atlantic Cape supporting my participation in the field trip(s) and my use of facilities, equipment, or services associated with the field trips(s)

Student Signature:

Date:

Witness Signature:

Witness Name Printed: