

FORM 2

University of Wisconsin System

Uniform statement of responsibility, release and authorization to participate in a field trip

Please complete this form by entering your full name and conference on the first line in the third paragraph, the dates of travel on the third line in the same paragraph and signing at the bottom. Return the form to the URSCA Office in 235 Rodli Hall.

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 Matthew Duff, Risk Manager, at telephone number 715-425-4018.

I desire to participate in the _____ field trip sponsored by the University of Wisconsin-River Falls ("University") and the University has approved my participation in the field trip during the period of _____.
I hereby agree as follows:

- 1) I assume full and legal responsibility for my participation in the field trip.
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the trip including authorizing medical treatment on my behalf and at my own expense and returning me home at my own expense for medical treatment or in case of emergency.
- 3) I understand that accident and health insurance, medical evacuation, and repatriation insurance are recommended for my participation in the field trip. I understand that the University encourages me to have appropriate insurance coverage for the entire time of the field trip.
- 4) I agree to abide by and shall conform to all applicable policies, rules, and regulations and standards of conduct as established by the University to ensure the best interest, comfort and welfare of the field trip. I understand that violation of applicable policies, rules regulations and standards of conduct may result in my removal from the field trip and may subject me to discipline pursuant to the University's non-academic student disciplinary code. I shall accept termination of my participation in the trip by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University.
- 5) I understand that the University reserves the right to make changes to the field trip at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes. Any refund, if appropriate, shall be issued pursuant to the University's policies.
- 6) I agree for myself, my heirs and my personal representative, to hold harmless and forever release, discharge and hold harmless the University, Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) on account of damage to personal property, personal injury, or death which may result from or arise out of my participation in the field trip and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency.
- 7) I acknowledge that I have read the document and understand and accept its terms.
- 8) I agree that this Release and Authorization to Participate in a Field Trip shall be construed in accordance with, governed by, the laws of the State of Wisconsin. Any litigation regarding this Release and Authorization or arising out of my participation in the field trip shall be brought in a court of competent jurisdiction located in the State of Wisconsin.

Name of Participant (printed): _____

Participant's Signature: _____ Date: _____