

**Boise State University
Field Trip/Event Informed Consent Form**

Every student participating in a college-sponsored trip must read and sign this consent form prior to the departure of a field trip or the beginning of an event. In addition, students who are younger than 18 years of age must have the signature of a parent or guardian.

Field Trip/Event: _____ **Scheduled Date(s):** _____

I, the undersigned, have enrolled and intend to participate in the Boise State University sponsored field trip/event identified above. I acknowledge that I have read the course/program outline and voluntarily accept all risks associated with the activities. I have also read the "General Field Trip/Event Expectations" and agree to abide by the indicated directives. I agree to hold Boise State University and all its officers, agents, and employees free from liability in the event I suffer personal injury or damage as a result of participating in the field trip/event, due to my negligence.

I further agree that I am solely responsible for my own equipment, personal property and effects during the course of the field trip/event. I agree that all parties above whom I have hereby held free from liability are only responsible for the general supervision of the logistical/educational aspects necessary to provide a safe and successful field trip/event and that they cannot and do not guarantee my personal safety.

I further agree that if I drive my own motor vehicle for transportation to, during or from the program site, I am responsible for my own acts and for the safety and security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, Boise State University and its personnel are not in any way responsible for the safety of such transportation and that Boise State University insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.

I have notified the supervising instructor/staff member of any existing medical condition or medication which could affect my ability to fully participate in this field trip/event. In the event that any medical attention is needed, I authorize the leader(s) of the field trip/event or any qualified individual to administer the first aid necessary to maintain health until a physician may be reached or other medical assistance obtained. I further authorize any physician to administer such medical or surgical treatment diagnosed as necessary.

By my signature below, I hereby agree to and fully understand all of the above issues/conditions and do accept full responsibility as outlined above.

Student Name (please print): _____ **Student ID#:** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If participant is younger than 18 years of age)

Name of Emergency Contact: _____

Phone: _____ **Relationship to Student:** _____