

**UNIVERSITY OF MONTEVALLO**  
**FIELD TRIP**  
**ASSUMPTION OF RISK AND LIABILITY RELEASE**  
**ADULT PARTICIPANT**

**Note to Students:** This form is required each time a student participates in a University of Montevallo field trip. The form must be completed, signed, and submitted to the UM representative coordinating the field trip prior to the date of the event.

I, the undersigned participant, desire to participate in a field trip

to \_\_\_\_\_

located in \_\_\_\_\_

on \_\_\_\_\_

I understand that there are certain dangers, hazards, and risks inherent in field trip participation and voluntarily agree to assume all risks and responsibilities that I might encounter or sustain as a result of my participation in this trip. I have read, understand, and do hereby agree to abide by all rules and directions under which this trip is to be made. I promise not to sue and further release, hold harmless, and indemnify the University of Montevallo, its Board of Trustees, employees, and agents, for any damage or harm, mental or physical, should any occur, during the course of, as a result of, or in any way related to this trip, regardless of the University's carelessness or negligence. This waiver and release extends to the trip in its entirety, including, but not limited to, travel to and from the destination regardless of the mode of transportation.

In the event of accident or sickness, I consent to being provided with emergency medical care and treatment as offered by medical or paramedical personnel and agree to be transported as necessary for such purposes. I understand that I am responsible for any and all expenses related to any such medical care.

I am over the age of 19 and have read this release. I understand that there are risks associated with my participation in this trip, and consent to all its terms. I voluntarily sign this release with full knowledge of its significance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

UM REPRESENTATIVE COORDINATING THIS TRIP:

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CAMPUS PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_