

UNIVERSITY OF MONTEVALLO

FIELD TRIP
ASSUMPTION OF RISK AND LIABILITY RELEASE
MINOR PARTICIPANT

Note to Students and Legal Guardians: 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 hereby certify that I am the adult parent or legal guardian of _____, a minor under the age of nineteen and I consent to his/her participation 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 said minor might encounter or sustain as a result of participation in this trip. I certify that the said minor agrees to abide by all rules and directions under which this trip is to be made. I promise, personally and on behalf of the minor named above, 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 the minor named above being provided with emergency medical care and treatment as offered by medical or paramedical personnel and agree to any transportation 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 said minor's participation in this trip, and consent to all its terms. I voluntarily sign this release with full knowledge of its significance.

Dated this the _____ day of _____, _____

Signature

Witness

Printed Name

UM REPRESENTATIVE COORDINATING THIS TRIP:

NAME _____

DEPARTMENT _____

CAMPUS PHONE _____

E-MAIL ADDRESS _____