# Brock University

## EARTH SCIENCE FIELD TRIP
## INFORMED CONSENT, RISK ACKNOWLEDGEMENT
## AND INDEMNITY AGREEMENT

**WARNING: By signing this document you indicate that you understand the risks associated with this activity; that you are aware that by participating in the activity you are being exposed to the risks identified below. It gives the University authority to secure medical assistance for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by you.**

**PLEASE READ CAREFULLY!**

TO: THE BOARD OF TRUSTEES OF BROCK UNIVERSITY

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

COURSE CODE & TITLE: _____

1. I am aware that by participating in **the Earth Science Field Trip,** I will be exposed to the following inherent risks, including but not limited to:

**GENERAL:**
- theft, vandalism or loss of personal property;
- motor vehicle or traffic accidents;
- any manner of injury resulting from use, misuse, non-use and failure of any equipment;

**BACK COUNTRY & OUTDOOR TRAVEL:**
- **terrain:** any manner of injury resulting from falls on steep, icy, slippery or uneven terrain or from impact or contact with trees, rocks, obstructions or other people or participants, visible or non-visible;
- **water:** any injury or illness resulting from exposure to or transportation over streams, rivers, lakes, culverts or ditches or other natural or man-made sources of water.
- **weather:** any injury or illness resulting from exposure to cold, wet or windy weather, or the effects of heat and strong sunlight;
- **remoteness:** a) the possibility of becoming lost or separated from guides or companions, b) the inability to access rescue and medical help in the event of an accident. Communication in remote areas may be difficult or impossible and may limit access to medical help in an emergency;
- **animals:** injuries from contact with aggressive or curious animals including bears, dogs or other carnivores, rodents, snakes, birds, wood ticks, insects, spiders, deer and other large animals, or the water borne Giardia parasite as well as other animals;
- **other outdoor risks:** injuries from falling rocks or trees limbs, floods, noxious vegetation, hypothermia, mud slides, lightening, exposure to the mosquito-borne West Nile Virus, etc.

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2. I agree that Brock University may secure such medical advice and services as it, in its sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and services.

3. I agree that as a student enrolled in a credit course and participating in a field trip I am bound by the Student Code of Conduct, the University Health and Safety Policy, the Science Safety Manual, the Earth Science Field Trip Guidelines and am obligated to follow the directions and guidance of my field supervisor at all times or I may be disqualified from the Trip and sent home at my own expense.

4. THAT if I am supplying my own equipment, I am responsible for ensuring that it is safe and well maintained equipment which is up to the requisite standards for the activity in which I am participating. I understand that the University accepts no responsibility for any incidents or accidents occurring out of the use or misuse of my equipment.

_____ (Initial here that you have read paragraph 4.)

5. I agree to HOLD HARMLESS AND INDEMNIFY Brock University and its officers, directors, employees and students from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my participation in this activity.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE UNIVERSITY MAY DEEM NECESSARY FOR MY HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT I MAY CAUSE.**

Signed this _____ day of _____, 2_____

_____
SIGNATURE OF PARTICIPANT

_____
WITNESS SIGNATURE **(Non Family Member)**

_____
WITNESS NAME (please print)

_____
WITNESS ADDRESS

_____
WITNESS TELEPHONE #

**This agreement must be completed in full, signed, dated, and witnessed and paragraph 3 must be initialled before the participant is allowed to participate in the activity.**