

**UNIVERSITY OF UTAH**  
**PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK**  
**FOR REMOTE RESCUE TRAINING COURSE**

[Print your name on line below]

I, \_\_\_\_\_ (herein referred to as "Participant") understand this is a legal document and, in consideration of the services provided by the University of Utah, its officers, employees, agents, or representatives (herein referred to as "the University of Utah") as part of (course title, herein referred to as "Field Trip") hereby agree to release and discharge the University of Utah, on behalf of myself, my heirs, assigns, personal representative, and estate as follows:

1. In consideration of the University of Utah's sponsorship and direction of this field trip I hereby state that I have read and understand the terms and conditions of the University of Utah Policy and Procedure 1-10 and specifically agree to be bound thereby.
2. I understand and acknowledge that the field trip I voluntarily expect and intend to engage in as a participant bears certain known and unanticipated risks from cooking, camping, falls into water, falling objects, and protruding rocks which could result in damage to or loss of property, illness or disease, physical or mental injury, or death to myself or other persons. Injuries that may occur from participating in this field trip include, but not limited to: cuts, bruises, sprained joints, broken bones, psychological trauma, loss of extremity, infection, gastral disease, hypothermia, heat injury, and death from injury or drowning while participating in scheduled and unscheduled activities related to the outdoor environment, vehicular/foot/boat travel, terrain, weather, food, and/or sleeping arrangements. My participation in this field trip is purely voluntary and I elect to participate in spite of the risks.
3. Being aware that this field trip entails known and unknown risks of injury to myself or other persons as a result of my actions, I expressly agree, covenant and promise to accept and assume all responsibility and risk of injury, illness, disease, or death to myself or damage to and destruction of property arising from my participation in this field trip.
4. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the University of Utah, its agents or employees, and all other persons or entities from any and all liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this field trip, including but not limited to the negligent acts or omissions of the University of Utah, its agents or employees, and all others persons or entities, for any and all injury, illness, disease, or death to myself or damage to my property. In signing this document, I fully recognize that if anyone is hurt or property is damaged while I am engaged in this field trip, I will have no right to make a claim or file a lawsuit against the University of Utah, or its officers, agents or employees, except where such injury, illness, disease, or death is caused solely by the negligent acts or omission of the University of Utah.
5. I certify that I am physically and mentally capable of participating in this field trip as described in the course outline.
6. I certify that I have sufficient health and accident insurance (e.g. hospital/medical insurance, student health insurance, University short-term accident insurance, etc.) to cover any bodily injury or property damage I incur while participating in this field trip.
7. I agree and understand that I will comply with all reasonable directions and instructions by the instructor/trip director during the field trip.
8. I understand that the instructor/trip director reserves the right to refuse my participation or dismiss me from the field trip if I am judged by the instructor/trip director, physically or mentally incapable of meeting the requirements of participating in the field trip.
9. I agree not to possess, use, or be under the influence of alcoholic beverages, non-prescribed controlled substances, or illegal substances during the field trip. I understand I will be dismissed from the field trip and course by the instructor/trip director for violation of this agreement.
10. I grant permission to the University of Utah to take still and moving images of me and use them for promotional purposes without recourse or compensation by me. If I submit my photographs I hereby release the University of Utah to use them in marketing without recourse or compensation to me.

My signature below indicates that I have read this entire document, understand it completely, understand that it affects my legal rights, and agree to be bound by its terms.

(Sign in ink)

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Student ID Number (if you have one): \_\_\_\_\_

## STATEMENT OF CONSENT TO RECEIVE FIRST AID AND MEDICAL TREATMENT

1. In the event that I become ill or am injured while participating in a Department of Health Promotion and Education field trip, I hereby authorize a course instructor or staff member of the University of Utah to provide emergency first aid to me.

2. I hereby authorize the course instructor or staff member of the University of Utah to transport me to a medical facility if I am injured during the Department of Health Promotion and Education field trip. Transportation costs will be my responsibility.

3. I hereby give my consent to be treated by a medical care provider in case of sudden illness or injury while participating in the Department of Health Promotion and Education field trip. Treatment costs will be my responsibility.

Signature of Participant \_\_\_\_\_ (Sign in ink) Date \_\_\_\_\_

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

## STATEMENT OF MEDICAL CONDITION

I have listed below any prescribed medications that I may take during the field trip. I have also listed all of my known allergies or medical or physical conditions.

### PRESCRIBED MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ IF NONE, write "NONE" here: \_\_\_\_\_

### ALLERGIES or SPECIAL MEDICAL or PHYSICAL CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ IF NONE, write "NONE" here: \_\_\_\_\_

If you feel these conditions could cause an emergency during the field trip, a physician must be consulted prior to the field trip and a written statement must be obtained stating that the medical condition should not be a problem during the field trip. The doctor's statement must accompany this document.

## EMERGENCY CONTACT

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_

(Print name)

PHONE: \_\_\_\_\_

**IMPORTANT:** All sections on both pages of this document must be filled out completely and accurately. Otherwise, the participant will be denied field trip participation.

**IMPORTANT:** If you are under 18 years of age, you MUST fill out a separate form that includes the signature of your legal guardian.