**FIELD COURSE**

**ACKNOWLEDGEMENT OF RISK AND HOLD HARMLESS** (DRAFT 4-19-16)

**Field Course Number \_\_\_\_\_\_\_\_\_\_\_Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dates**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance** (check one box below)

I have **comprehensive health insurance** that provides essential health benefits as required by the Affordable Care Act (ACA) **or**  I have purchased **short-term health insurance** for the entire duration of the field course.

Insurance Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder (if not you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **DO NOT** have health insurance. Please notify your instructor.

**Personal Back-Up Plan**

I confirm that I have a personal back-up plan in the event that I must leave for any reason (medical, personal, or disciplinary) before the end of the course. I understand that Western will deliver me to the nearest town, but I am responsible for my return home from there (check one box below):

I have made arrangements with the following person to immediately pick me up at the nearest town when notified.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

I have researched my available options and I am prepared to use and pay for commercial travel to return home from the nearest town.

**CPR/First Aid Certification**

It would be helpful for course leaders to know whether you have current CPR/First Aid certification and will be able to assist others in a medical emergency:

I  **have** or  **do not have** CPR/First Aid certification. Year certified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Risk and Hold Harmless**

I hereby acknowledge that I have voluntarily chosen to participate in the above Field Course (hereinafter called “course”).

I acknowledge the risks involved in the course. I understand the course entails activities with risks that could result in my physical or emotional injury, illness, fatigue, physical stress or exertion, paralysis or death, and/or loss or damage to my personal property. The risks include, but are not limited to:

* Living and studying in remote, wilderness locations;
* Hazardous and/or demanding conditions - including weather and terrain; conditions range from cool (30-s to low 40s) to very hot- (95 to 105 degrees) depending upon the location;
* Climbing and hiking for long periods of time while carrying a heavy (20 to 30 lbs) daypack; daily hikes of 2-5 miles, with changes of elevation of 1000 feet or more, are typical
* High altitude exposures;
* Strenuous activity and physical exertion;
* Dramatic changes in diet and living conditions;
* Limited availability of immediate medical assistance;
* Exposure to wildlife;
* Life safety equipment failures;
* Camping in tents with few amenities, little comfort and little privacy; and
* The demands, in general, of living in a very challenging physical environment.

I understand the risks simply cannot be eliminated without jeopardizing the essential qualities of the course. I acknowledge that I am responsible for researching and evaluating all risks and hereby agree that any activity that I may take part in, whether as a component of this course or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved.

In consideration of my participation in the course and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in the course. “Claim” as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney’s fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the course, except for claims arising out of the sole negligence or willful misconduct of Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns.

I further understand that this acknowledgement of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

**I have read and understand this participant information and acknowledgement of risk/hold harmless form**.

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Signature of Student Date

(Must be age 18 or over)