

THE UNIVERSITY OF IOWA
AUTHORIZATION AND INFORMATION FORM
COLLEGE OF LIBERAL ART & SCIENCES
DEPARTMENT OF EARTH & ENVIRONMENTAL SCIENCES
EES:3160 Field Trip
(replace red areas as appropriate for situation)

I, (please print your name) _____, wish to participate in the **EES:3160 Field Trip** offered by the University of Iowa, to be conducted from _____ through _____. I understand that participating in the **EES:3160 Field Trip** is strenuous and consists of potentially hazardous activities. I further understand that I should not participate in the **EES:3160 Field Trip** unless I am physically capable to safely participate, with or without reasonable accommodation. I, knowing this, hereby certify that to the best of my knowledge I am physically capable of participating in the **EES:3160 Field Trip** with or without reasonable accommodation and have no medical condition that could worsen by participating in this field research.

By signing below, I acknowledge that I am fully aware of and appreciate the potential dangers associated with my participation in the **EES:3160 Field Trip** including, but not limited to personal injury, accident or death, personal medical conditions, issues surrounding use or operation, by myself or others, of equipment, contact with other participants, the affect of weather including extreme heat and cold, dehydration, lightning, wind, avalanche, rock fall, contact with plants or animals or other environmental hazards, conditions of roads, trails, waterways, terrain, and routes taken and accident connected with their use, first-aid, emergency treatment or other services rendered, consumption of food or drink, vehicle use and transportation (including vehicles operated by faculty, staff, student and other UI approved drivers), or other unknown and unanticipated risks.

MEDICAL AND EMERGENCY INFORMATION

The **EES:3160 Field Trip** requires good health and physical fitness. Individuals with many levels of physical fitness and with a variety of health difficulties may participate successfully in activity-related trips. However, experience has shown not all applicants can be successfully accommodated on all trips. By signing this form, I acknowledge that I am aware of the potential hazards associated with this field course, that I am in good health, that I am in good physical condition and that I have no medical condition that could worsen by participating in this field research. In the event of a medical emergency, I hereby give my consent for emergency medical treatment and agree to pay for any medical charges that are not covered by my personal health insurance.

PLEASE COMPLETE FRONT AND BACK OF FORM

THE UNIVERSITY OF IOWA
WAIVER AND RELEASE FORM
COLLEGE OF LIBERAL ARTS, DEPARTMENT of EARTH & ENVIRONMENTAL SCIENCES
EES:3160 Field Trip
(replace red areas as appropriate for situation)

After having read this waiver and being fully informed regarding the facts and risks related to the participation in the **EES:3160 Field Trip**, I hereby release and forever discharge the University of Iowa, the Iowa Board of Regents, the State of Iowa, and their board members, officers, employees, or agents (the "Released Parties"), whether in an individual capacity, official capacity, or any other capacity, from any and all existing claims, demands, obligations, causes of action, damages, costs, expenses and compensation of any nature whatsoever, be they direct or indirect, in law or in equity, in contract or in tort, whether known or unknown, which I may have had, presently have, or may have in the future against the other relating in any way to **my participation in the above field trip** or the execution of this waiver. I expressly waive and release any claims or cause of action that I may ever claim have against the Released Parties, regardless of whether those claims or causes of action may be alleged to be caused in whole or in part by the negligence or wrongful conduct of any of the Released Parties, the negligence or wrongful conduct of any third party, or by my own negligence or wrongful conduct. I agree that the foregoing release and waiver shall be fully binding on me, by agents, my assigns, and my successors.

SIGNATURE OF PARTICIPANT

My signature below verifies that I have read and agreed to the terms stated above.

_____	_____	_____	_____
Signature	Date	Home Phone	Cell Phone
_____	_____	_____	
Printed Name	Date	Address	

Check One: Student Faculty/Staff Volunteer