Illinois State University

**Field Trip Consent and Waiver**

**Section 1 *(To be completed by field trip leader)***

* **Class**:
* **Field Trip Locations**: (INSERT)
* **Physical activities associated with the field trips include**: (INSERT) (for example: “Such low impact physical activity as walking indoors and outdoors” )
* **Risks inherent in these field trips include bodily injury due to**: (INSERT WHATEVER APPROPRIATE, SUCH AS: “The possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards, and hazards associated with travel to and from the field trip site. There may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.”

**Section 2 *(To be completed by field trip participant)***

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1, and that all risks cannot be prevented. I acknowledge that I am physically able to participate in this field trip given the above activities.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the (INSERT name of the program) **field trips**. In consideration of being allowed to participate in the field trip, I hereby release The Board of Trustees of Illinois State University, its officers, agents, employees and assigns from liability from any and all claims arising out of or in any way connected with the field trip and my participation in the program, including but not limited to the risks as outlined above.

I am competent to sign this consent release and waiver and have read and understood all the provisions contained in it.

**PARTICIPANT:**

**Name (printed) Signature (Date) Signature of Parent if Participant is a minor**

**Name of parent (printed) Signature of Parent (Date)**