COURSE FIELD TRIP WAIVER AND RELEASE AGREEMENT

1. In consideration for my voluntary participation in Portland State University’s DEPARTMENT OF ___________________________ (“PSU”) field trip related to Course Number/Name of Class: __________________________ _______________, during (Term/Year) ____________, I, in full recognition and appreciation of the potential dangers and hazards inherent in this field trip including transportation to and from locations to which I may be exposed, do hereby agree to assume all the risks and responsibilities surrounding their participation in department-related field trips. I acknowledge that I have received, read, and understand all the information provided by PSU concerning such events and do hereby agree to assume all the risks and responsibilities surrounding their participation in the field trip(s). To the best of my knowledge I have no medical, physical, mental, or emotional health conditions that would hinder my participation in the field trip and for which I agree to disclose to PSU in advance of their participation.

2. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to defend, indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, PSU, and their officers, employees, agents, and representatives, from any and all liability and all claims and causes of action whatsoever for any damages to or loss of property, personal illness, or injury (including death) caused by, deriving from, or associated with my participation in the field trip.

3. I understand that, although PSU will attempt to maintain course-related field trips as described in any printed or electronic literature, PSU reserves the right to change the trips, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice, and that neither PSU nor any of its employees, agents, or officers shall be responsible or liable for any expenses or losses that I may sustain because of these changes.

4. I fully understand that the field trip may occur in a remote area and that medical services may not be available. In the event of illness or injury to me, and in the event that medical services can be obtained, and if I am unable to grant permission at the time emergency treatment is required, I hereby authorize PSU by and through its authorized representative(s) or agent(s), if any, to secure any necessary treatment including the administration of an anesthetic and surgery. I further agree to be financially responsible for all charges and fees incurred in the rendering of said emergency treatment.

5. I agree that should there be any dispute concerning their participation in course-related field trips that would require adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, Oregon. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

6. I understand that PSU reserves the right to remove me from the field trip at any time should my actions or behavior, in the sole discretion of PSU, impede or obstruct the activities of other participants on the field trip, or if my actions or behavior endanger myself, other participants, faculty, or staff of PSU.

7. I represent that I am at least eighteen (18) years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

THIS AGREEMENT CONSTITUTES PARTICIPANT’S COMPLETE UNDERSTANDING WITH PSU CONCERNING PSU’S RESPONSIBILITY AND LIABILITY FOR HIS/HER PARTICIPATION IN PSU-SPONSORED FIELD TRIPS, AND SUPERSEDES ANY PREVIOUS OR CONTEMPORANEOUS UNDERSTANDINGS PARTICIPANT MAY HAVE HAD WITH PSU ON THIS SUBJECT, WHETHER WRITTEN OR ORAL, AND CANNOT BE CHANGED, MODIFIED OR AMENDED IN ANY WAY WITHOUT PSU’S WRITTEN CONCURRENCE. THERE IS NO UNDERSTANDING, AGREEMENT OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS AGREEMENT. PARTICIPANT, BY HIS/HER SIGNATURE, HEREBY ACKNOWLEDGES THAT HE/SHE HAS READ THIS AGREEMENT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

Signed this _____ date of ________________, 20___ EMERGENCY CONTACT INFO:

__________________________
Signature of Participant

__________________________
Emergency Contact Name

__________________________
Printed name of Participant

__________________________
Relationship

__________________________
Co-signature of parent or guardian (if necessary)

__________________________
Telephone Number

Revised 4/23/2014