

Rollins College
Travel/Trip Informed Consent Form

Every student participating in a college-sponsored trip must read and sign this consent form prior to the departure of a field trip or the beginning of an event. In addition, students who are younger than 18 years of age must have the signature of a parent or guardian.

Field Travel/Trip: _____

Scheduled Date(s): _____

I, the undersigned, have enrolled and intend to participate in the Rollins College sponsored travel/event identified above. I acknowledge that I have read the course/program outline and voluntarily accept all risks associated with the activities. I have also read the "General Travel/Event Expectations" and agree to abide by the indicated directives.

I understand that the College is not an agent of, and has no responsibility for, any third party, which may provide any services including food, lodging, travel, or certain equipment associated with the Trip.

I understand that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing, and other personal equipment) and provide the proper personal equipment for my participation in the Trip, and to ensure that it is in good and suitable condition. I also understand that there is always a potential risk of insect-borne disease when traveling overseas or in the United States, particularly in, but not only relegated to, forested areas, farms, rivers, swamps, lakes etc. I agree to ask questions to make sure that I know how to safely participate in the activity, and I agree to observe the rules and practices, which may be employed to minimize the risk of injury while pursuing the benefits of the activity. I agree to advise the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree to reduce the risk of injury to myself and/or others by limiting my participation to reflect my personal fitness level, wearing the proper protection as dictated by the activity, not wearing anything that would pose a hazard in the pursuit of the activity, not ingesting or using any substance during the activity which could pose a hazard to myself or others. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue to participate in the activity.

I understand that despite the College's very best efforts to provide for safe off campus travel and field experiences, we cannot guarantee an off campus travel and field experience free from all possible risk of exposure to COVID-19. My decision to participate in this field experience represents an acknowledgment and understanding of this risk.

I agree that all College parties are only responsible for the general supervision of the logistical/ educational aspects necessary to provide a safe and successful travel/event and that they cannot and do not guarantee my personal safety.

I agree that if I drive or provide my own motor vehicle for transportation to, during or from the program site, I am responsible for my own acts and for the safety and the security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, Rollins College and its personnel are not in any way responsible for the safety of such transportation and that Rollins College insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.

I have notified the supervising instructor/staff member of any existing medical condition or medication, which could affect my ability to fully participate in this trip/event. In the event that any medical attention is needed, I authorize the leader(s) of the trip/event or any qualified individual to administer the first aid necessary to maintain health until a physician may be reached or other medical assistance obtained. I further authorize any physician to administer such medical or surgical treatment diagnosed as necessary.

I understand that no drugs or alcohol are permitted on the trip/event. Possession, use, sale, distribution, and/or transportation of alcohol, any controlled substance, illegal drug, or drug paraphernalia is prohibited conduct. No firearms, explosives (including fireworks), or other weapons are permitted on the trip/event. Transportation, storage, possession or use of these items is prohibited conduct.

I agree that sexual harassment, sexual misconduct, lewd or indecent behavior, or sexual assault is prohibited conduct. Physical abuse, threats, intimidation, harassment, coercion and/or other conduct, which threatens or endangers the health or safety of any person is prohibited conduct.

By my signature below, I hereby agree to and fully understand all of the above issues/conditions and do accept full responsibility as outlined above. By signing my name below, acting for myself, my heirs, personal representatives and assigns, do hereby release, waive, and forever discharge Rollins College, Board of Trustees, their employees, agents and representatives from any and all liability of any and every nature whatsoever, including claims or suits at law or in equity, that I may have, for any and all personal injury, including death, and property loss or damage which may result from my participation in such activity, including while traveling to and from such activity.

Student Name and R-Number (please print):

_____ R # _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(If participant is younger than 18 years of age)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Student: _____