

**Rollins College**  
**Field Trip/Event Informed Consent Form**

Every individual 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, individuals who are younger than 18 years of age must have the signature of a parent or guardian.

**Field Trip/Event:** \_\_\_\_\_ **Scheduled Date(s):** \_\_\_\_\_

I, the undersigned, have enrolled and intend to participate in the Rollins College sponsored field trip/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 Field Trip/Event Expectations" and agree to abide by the indicated directives

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

I further 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 field trip/event. In the event

that any medical attention is needed, I authorize the leader(s) of the field 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.

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 (please print):** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Name of Emergency Contact:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_