

Drexel University – Non-Academic/Academic Programs

Informed Consent, Assumption of Risk and Release of Liability Form

IMPORTANT – READ ENTIRE FORM BEFORE SIGNING

Participant Name: _____ Phone: _____

Address of Participant or Parent/Guardian (if Participant is under 18): _____

Program Description/Location (“Program”): Drexel Environmental Science Leadership Academy

Program Date (s): July 13 - 19, 2014

Drexel University and its trustees, officers, employees, volunteers, students, and participating organizations, agents and assigns are collectively referred to herein as “Drexel”.

I understand that this Program is completely voluntary, and I freely choose to participate in this Program. I understand that Program activities will include, but are not limited to (see additional space on last page):

Hiking through wet and muddy areas. Canoeing in the Pine Barrens and boating on Barnegat Bay.

Hiking through areas with extensive shrub cover. Wading in Barnegat Bay and along the shoreline of the Atlantic Ocean.

Participation in group activities during periods of high and low temperatures, precipitation events, and within confined spaces.

Swimming in Barnegat Bay or the Atlantic Ocean.

I understand that participation in the Program exposes me to risks, including, but not limited to (see additional space on last page):

Risk of injury if there is a vehicular accident during transportation by Drexel staff during the Academy.

Exposure to insect pests such as mosquitoes and ticks that carry diseases. Exposure to unseen fish and invertebrates.

Exposure to allergens such as pollen. Exposure to plant irritants such as poison ivy. Movement through areas of uneven terrain or through areas that potentially harbor venomous snakes. Drowning or being caught in rip currents.

CONSENT TO PARTICIPATE

I recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in the Program that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the activities involved in the Program.

I agree 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 I will need for the Program and to provide what I will need. I agree that I must have my own health insurance and that I am responsible for the cost of any medical treatment required during the Program. I agree to fully comply with applicable laws, policies, rules, regulations, Drexel’s Student Code of Conduct, and any supervisor’s instructions or posted warnings regarding participation in this Program. I agree to stop and seek assistance if I do not believe I can safely participate or continue in any activity. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do any thing that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to me or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in the Program.

I understand that Drexel is not an agent of, and has no responsibility for, any third party including without limitation any entity which may provide any services including food, lodging, travel, or any equipment associated with the Program.

Despite precautions, accidents and injuries can occur. I understand that travel and other activities connected with the Program may be potentially dangerous and that I may be injured and/or lose or damage personal property, or suffer financial loss, as a result of participation in the Program. Therefore, for myself, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES**, including, but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of or arising from: participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; travel by air, car, bus, subway or any other means; illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority including, without limitation, any loss resulting from the cancellation or delay of the Program.
- Exposure to chemicals, hazardous materials or other potentially harmful substances or animals in research facilities or laboratories.
- Theft or loss of my personal property during the Program.
- Loss or injury as a result of natural disaster or other disturbances.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Program and that I am aware of the risks involved whether described or not. I further understand that participating in the Program is an acceptance of risk of injury, death or financial loss.

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MEDICAL TREATMENT AUTHORIZATION

I authorize and give my consent to Drexel to act on my behalf, or on behalf of my child (who is under 18), in any medical emergency, including, if necessary, emergency medical treatment and admission to an accredited hospital or emergency care center. I understand and acknowledge that Drexel does not provide health and accident insurance for the Program participants, and I agree to be financially responsible for any medical bills incurred as a result of medical treatment rendered to me (or to my child).

For residential programs only: Meningococcal disease is a rare, but potentially fatal, bacterial infection, and research has shown that persons residing in dormitories appear to be at higher risk for the disease. A meningococcal vaccine is available that provides protection against the most common strains of the disease. I understand the risks of meningococcal disease as well as the benefits of immunization. I also understand that there may be participants in the Program that have not been immunized.

Emergency Contact Name: _____ **Phone #:** _____

PHOTO RELEASE

I grant permission for me/my child to be photographed and/or recorded on audio tape, video tape or film, while participating in the Program, for promotional and educational purposes of Drexel University. (Check one) ☐ Yes ☐ No

RELEASE OF LIABILITY

In consideration of Drexel providing me the opportunity to participate in this Program, I voluntarily remise, release and forever discharge Drexel, its affiliated entities, successors, assigns, trustees, officers, students, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind (a "Loss") whatsoever arising out of or in any way relating to my participation in the Program, including, without limitation, a Loss resulting in whole or in part from the negligence of Drexel or its affiliated entities, trustees, officers, agents, faculty, staff or students.

My signature below indicates that I have read, understood, and freely signed this document. I understand that I have given up important rights by signing this document. This document is made in sole consideration of Drexel supporting my participation in the Program and my use of facilities, equipment, or services associated with the Program. This document shall be construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania, and I consent to the jurisdiction of said state.

Signature: _____ Date: _____

(If participant is under 18 years of age, a parent or legal guardian MUST sign this document - see below)

PARENTAL CONSENT (must be signed if Participant is under 18 years of age)

I am the parent or legal guardian of the individual identified at the beginning of this document who will participate in the Program. I acknowledge that my child is attending the Program voluntarily with my permission and that I have read, understand and accept the rules and standard(s) of conduct for the Program. I have reviewed the information provided relating to potential risks involved in the activities and Program. By my signature below, I assume all risks on behalf of my child related to the activities and the Program. I have had an opportunity to ask questions about this document. I understand that I have given up important rights for myself and for my child by signing it. This document is made in sole consideration of Drexel providing the opportunity for my child to participate in the Program and my child's use of facilities, equipment or services associated with the Program.

Signature Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

ADDITIONAL INFORMATION (IF NECESSARY)

Lighthouse Center for Natural Resource Education Liability Waiver/Medical Release Waiver

I understand that all possible precautions are taken to ensure that mature and qualified personnel conduct programs and activities at the Lighthouse Center for Natural Resource Education in a safe and responsible manner. However, I further understand and agree that the Lighthouse Center and its staff cannot be held liable for any accident, illness, or disease that might occur. I also agree to follow all rules as stated on the registration form.

Signature: _____ Date: _____

Email address: _____