UNIVERSITY OF OREGON
ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

Please Read Carefully

In consideration of my child being permitted to participate in Summer Fieldtrips (the “Activity”), I acknowledge and accept the risks inherent in the Activity as set forth below.

Dates of Activity: ___June 23rd thru Aug 15th___

Description of Activity: ___Weekly all-day fieldtrips away from campus, schedule of trips listed on third page___

Assumption of Risk. Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury of loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I certify that there are no health-related reasons or problems that preclude or restrict my child’s participation in the Activity.

I understand that my child’s participation in the Activity is completely voluntary.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery for my child. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment. I have completed the Medical Information Form and provided it to Moss Street Children’s Center and authorize Moss Street to use that information for this Activity. INITIAL ______________.

I understand that Moss Street Children’s Center carries a secondary Daycare insurance policy that covers field trips, and that this policy MAY cover some expenses after my primary insurance remedies have been exhausted. However, any such secondary coverage depends on the facts in individual circumstances and is decided by the insurance company, not the University of Oregon.

I release the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from any and all liability and expense in any way resulting from, related to, or arising out of my child’s participation in the Activity, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.

I agree to hold harmless the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from and against any and all claims, liability and expense in any way resulting from, related to, or arising out of the Activity.

I have read and understand the above provisions and agree to be bound by them.

Parent’s or Guardian’s Signature ____________________________ Date ______________
Parent’s or Guardians’ Name Printed: ____________________________
Unless checked no here_______________NO____
I, hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Activity and the my child’s participation in the Activity and to use his/her image, voice and/or likeness for educational and promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

Parent’s or Guardian’s Signature __________________________ Date ______________

Parent’s or Guardians’ Name Printed: __________________________

Unless checked no here ______________ NO ______

Medical Information Form

As referenced in the Acknowledgement of Risk and Release of Liability I have signed, I am providing the following information that may be needed if medical care is required for my child:

- Allergies: __________________________
- Medication being taken and dosage: __________________________
- Date of last tetanus shot: __________________________
- Medical conditions: __________________________
- Insurance provider: __________________________
- Name of primary insured: __________________________
- Group or plan identification: __________________________
- Policy or Personal Identification Number: __________________________
- Other information that a treatment provider should be alerted to: __________________________

Any special considerations while transporting your child: __________________________

Participant Name: __________________________

Parent/Guardian Name: __________________________

Parent/Guardian Signature: __________________________

Date: _____
My approval is hereby given for (child’s name) ____________________ to go on the following planned field trips. All trips will be made using EMU school busses to:

Please initial each field trip for which you are giving your consent for participation.

**Jay Room Summer Term 2014 Fieldtrips**

_____ Emerald Park, Eugene, OR: Friday, June 27th

_____ *No* fieldtrip this week, Moss Street Closed for Independence Day: Friday, July 4th

_____ Leaburg Dam, Leaburg, OR: Friday, July 11th

_____ Shotgun Creek, Marcola, OR: Friday, July 18th

_____ Armitage Park, Eugene OR: Friday, July 25th

_____ McDowell Creek Waterfall, Lebanon OR: Friday August 1st

_____ Heceta Beach and Heceta Head Lighthouse, Florence, OR: Friday, August 8th

_____ Enchanted Forest, Turner, OR: Friday, August 15th

*Parent Note: Consider approving all fieldtrips that your child may even possibly attend (due to drop-ins, or a requested schedule change) so that you will not have to complete this form again. You will not be charged based on the above approvals, you will only be charged based on what your child is actually scheduled for or attends due to an approved drop-in time.