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 22nd thru Aug 21st___

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 fieldtrip for which you are giving your consent for participation.

Mallard Room Summer 2015 Fieldtrips

New this year- weekly fieldtrip fee of $5.00.

_____Wildlife Safari, Winston, OR: Wednesday, June 24th

_____Salt Creek Falls/ Oakridge Fish Hatchery, Oakridge, OR: Wednesday, July 1st

_____ Johnny Creek Nature Trail, Fall Creek, OR: Wednesday, July 8th

_____ Silver Falls State Park, Sublimity, OR: Wednesday, July 15th

_____ Row River Trail, Cottage Grove, OR: Wednesday, July 22nd

_____ Sahalie Koosah Falls, McKenzie Bridge, OR: Wednesday, July 29th

_____ Heceta Head Beach, Oregon Coast, 12 miles north of Florence, OR: Wednesday, August 5th

_____ Leaburg Dam, 20 miles up McKenzie Hwy, Leaburg, OR: Wednesday, August 12th

_____ Evergreen Waterpark, McMinnville, OR: Tuesday, August 18th – 4th & 5th graders (or, alternate plan, Enchanted Forest, Turner, OR: Tuesday, August 18th)

-OR-

_____ Enchanted Forest, Turner, OR: Wednesday, August 19th - 2nd & 3rd graders

*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.