Moss Street Children's Center 2019 Summer Fieldtrip Permission Form- School-age

UNIVERSITY OF OREGON

ASSUMPTION OF RISK/ RELEASE OF LIABILITY/INDEMNIFICATION of ALL CLAIMS/ COVENANT NOT TO SUE

Please Read Carefully

Participant Information

Name of child:

Emergency Contact (name and phone number): ______

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 24th thru Aug 30th ____

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

In consideration of being permitted to participate in any way in the above-described activity (hereinafter called the "Activity"), I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue the State of Oregon, the Board of Trustees of the University of Oregon, and the University of Oregon (collectively, hereafter called the "University"), their officers, employees, and agents from liability from any and all claims including the negligence of the University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), property loss, and damages arising from, but not limited to, participation in the Activity.

Assumption of Risks: Participation in the 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 or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation in the Activity is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY, DEFEND, AND HOLD the University and its officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Medical Treatment Authorization: I understand that an emergency may develop which necessitates the administration of medical care. In the event of injury or illness, I authorize the University to secure appropriate treatment including the administration of an anesthetic and surgery. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University 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.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING.

Name (Child's) of Participant (please print legibly):	
Parent or Guardian <mark>Name Printed</mark> :	
Signature of Parent/Legal Guardian:	Date:
Additional. Helr	oful Information

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Any special considerations while transporting your child:

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

School-age Summer Term 2019 weekly, all-day Fieldtrips

There is a weekly fieldtrip fee of \$5.00.

Nostalgia Collectibles, 527 Willamette St, Eugene, OR: Tuesday, July 2nd
Oregon Air and Space Museum, 90377 Boeing Dr, Eugene, OR: Thursday, July 11th
UO Student Recreation Center, 1320 E 15th Ave, Eugene, OR: Thursday, July 18th
Eugene Science Center, 2300 Leo Harris Pkwy, Eugene, OR: Thursday, July 25th
Cascade Raptor Center, 32275 Fox Hollow Rd, Eugene, OR: Thursday, August 1st
Autzen Stadium, 2700 Martin Luther King Jr Blvd, Eugene, OR: Thursday, August 8th
Leaburg Fish Hatchery, 90700 Fish Hatchery Rd, Leaburg, OR: Tuesday, August 13th
Wintergreen Farm, 89762 Poodle Creek Rd, Noti, OR: Thursday, August 22nd

*Parent Note: Consider approving all fieldtrips that your child may even possibly attend (due to dropins, 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.