

RISK MANAGEMENT

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FIELD TRIP RELEASE FORM

For and in consideration of being allowed to participate in the trip going to Leadership Institute 2023 to take place on 08/30-09/01/2023 described in more detail in the attached document, I, in full recognition and appreciation of the dangers and hazards involved in such activity, do hereby agree to assume all risks and responsibilities surrounding my participation in this event and do hereby release and hold harmless the University of Rhode Island, RI Board of Education and State of Rhode Island, its Trustees, Officers, Directors, Faculty and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death, which _____ (participant name) may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of the University of Rhode Island, of persons acting on its behalf or otherwise.

Please print legibly (block letters) and sign your name. Illegible forms will be rejected and returned.

DATE _____

PARTICIPANT/STUDENT PRINTED NAME

PARTICIPANT/STUDENT SIGNATURE

I have read and understand this release and I voluntarily allow my son/daughter to participate in this event.

DATE

PARENT OR GUARDIAN OF PARTICIPANT UNDER 18 YEARS OF AGE

CONSENT TO ADMISSION AND TREATMENT

In the event of injury to the undersigned, born on ___/___/20___, I hereby authorize the University of Rhode Island or representatives thereof to admit me to a facility for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release the University of Rhode Island, its trustees, officers, faculty and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

Persons to contact in the event of as emergency are listed below.

DATE

PARTICIPANT/STUDENT SIGNATURE

PARENT/GUARDIAN OF PARTICIPANT UNDER 18 YEARS OLD

In the event of an emergency, please contact:

_____ NAME	_____ ADDRESS	_____ TELEPHONE
_____ NAME	_____ ADDRESS	_____ TELEPHONE