



### FIELD TRIP RELEASE FORM

For and in consideration of being allowed to participate in the trip going to \_\_\_\_\_  
\_\_\_\_\_ to take place on \_\_\_\_/\_\_\_\_/\_\_\_\_ 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, its Board of Trustees, the 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, with \_\_\_\_\_ (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, or persons acting on its behalf or otherwise.

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

\_\_\_\_\_  
PARTICIPANT/ STUDENT PRINTED NAME

\_\_\_\_\_  
PARTICIPANT / STUDENT SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

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

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN PRINTED NAME (if under 18 years of age)

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

