

RISK MANAGEMENT

210 Flagg Road, Suite 213, Kingston, RI 02881 USA p: 401.874.2591 f: 401.874.9101 web.uri.edu/businessservices/riskmanagement



**FIELD TRIP RELEASE FORM**

For and in consideration of being allowed to participate in the trip going to \_\_\_\_\_  
to take place on \_\_\_\_/\_\_\_\_/20\_\_\_\_ 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.**

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
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.

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
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 an emergency are listed below.

\_\_\_/\_\_\_/20\_\_\_  
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