ACKNOWLEDGMENT OF RISK AND INDEMNITY AGREEMENT

I, _____________________________, am a student enrolled in __________________________, a course offered by the Department of __________________________ at the University of New Hampshire. I understand that one of the course components is participation in a field trip experience to __________________________. This field trip is described in Section I below and participation is a requirement of course.

I. Description of Field Trip Activities and Risks

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

These activities will take place on ________ ___, 200__ through ________ ___, 200__. I understand that travel to the sites where these course activities will take place is as follows:_____________________________________________________________

and that lodging and meal accommodations are as follows:___________________________.

Risks, hazards, and dangers are associated with these activities and include but are not limited to:____________________________________________________________________
_________________________________________________________________________
___________________________________________________________________________.

II. Participant Responsibility for Medical Needs, Grant of Permission to Authorize Emergency Medical Care, and Acknowledgment of Health Insurance Coverage

I know of no health-related reasons or problems that preclude or restrict my participation. I understand that the University of New Hampshire does not have medical personnel available at the locations of this activity and during transportation, and I grant to the University of New Hampshire permission to authorize emergency medical treatment, including hospitalization.

I further agree that the University of New Hampshire is not responsible for the costs of attending to any of my medical needs, including costs for hospital care if I am required to be hospitalized during this activity. I acknowledge that I am covered by health insurance applicable to this field trip experience.

III. Travel and Accommodations
I understand that the University of New Hampshire in no way represents, or acts as agent for transportation carriers, hotels, and other suppliers of services connected with this field trip experience and agree that the university is not responsible or liable for:

(a) any injury, damage, or loss which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in providing or performing any of the services involved in this activity;

(b) any loss, damage, destruction, theft or the like to my luggage or personal belongings.

IV. Acceptable Conduct by Participant

I am aware of and shall comply with the rules, standards, and policies of the University of New Hampshire with respect to student behavior. I agree that the University of New Hampshire may enforce its rules, standards, and policies for appropriate conduct, and that such enforcement may include termination of participation in the field trip experience for inappropriate behavior or any action or conduct considered by the University to be detrimental to or incompatible with the interests of the activity. In the event that my participation is terminated for inappropriate conduct, I shall be responsible for all expenses incurred in returning home.

V. Acknowledgment of Risks and Indemnity

I understand that participation in this field trip experience is required for course credit and that it is a factor in grading. I am participating with acknowledgment and understanding of the dangers, hazards, and risks of participating in this activity, including the risks of travel and hotel/restaurant accommodations. In the event that my participation in the program causes damage to the property of University of New Hampshire, I agree to indemnify the University for such loss.

VI. Emergency Notification

In case there is an emergency involving me, please notify __________________________ at the following telephone numbers:

____________________
____________________

STUDENT PARTICIPANT: ____________________________
Signature ____________________________ Date