FIELD TRIP RELEASE FORM

For and in consideration of my participation in the trip going to _____located at _____that will 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 Miami, 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 the participant 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 Miami, of persons acting on its behalf or otherwise.

I understand that the University of Miami does not, in any manner, serve as principal, agent, or partner of any travel agent, commercial carrier or lodging establishment which may provide services or accommodations to the participants. I have read and understand this release and voluntarily sign this document and participate in this trip.

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, understand and agree to this release and I voluntarily allow my child 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_____, C #---------- ____,
I hereby authorize the University of Miami or representatives thereof to admit me to a facility for emergency medical treatment as may be deemed necessary by medical professionals.

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 Miami, 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.

_____/_____/20_____ _____
DATE PARTICIPANT/STUDENT PRINTED NAME

_____
PARTICIPANT/STUDENT SIGNATURE

In the event of an emergency, please contact:

_____ _____
NAME ADDRESS MOBIL PHONE

_____ _____
NAME ADDRESS MOBIL PHONE