

CCV Fieldtrip Release Form

(To be completed by each participant for the semester)

Semester:

Course:

Instructor:

Participant Name (Print Clearly):

D.O.B.

Student ID #:

Cell Phone #:

Email:

Person to contact in case of an emergency:

Name:

Cell Phone #:

Relationship:

Other Phone #:

Your Physical condition:☐ Excellent☐ Good☐ Fair☐ Poor; explain:

Do you now have, or do you have a history of having:

1) Asthma

☐ Yes☐ No

4) Anaphylaxis/Allergies

☐ Yes☐ No

2) Diabetes

☐ Yes☐ No

5) Heart Disease

☐ Yes☐ No

3) Seizures

☐ Yes☐ No

6) A condition requiring medication

☐ Yes☐ No*If you answered yes to any of the above 6 conditions, please answer the following:*

If allergies, what are you allergic to?

How long have you had the condition indicated above:

How well is it under control:

What medication(s) do you take to control the condition(s):

Will you have your medication with you and where will it be located:

What are the signs and symptoms if you fail to take your medication:

Do you have any other medical, physical, psychological or mental health condition that might affect your ability to participate in the scheduled activity? ☐ Yes ☐ No

If yes, please describe:

Do you have any problems with vision or hearing ☐ Yes ☐ No?

If yes please describe:

Do you have any other medical or physical condition that might affect your ability to fully participate in the scheduled activity which could be a danger to yourself or others?

Have you had a tetanus shot within the past 10 years? ☐ Yes ☐ No

The faculty and staff of CCV are not qualified to evaluate medical conditions. This information is for use in the event of an injury or emergency. Medical and health information is stored securely and will only be viewed by authorized personnel or, in the event of an emergency, by the attending medical staff.

IF AT ANY POINT IN THIS COURSE, ANY OF YOUR HEALTH INFORMATION CHANGES, PLEASE ALERT YOUR INSTRUCTOR IMMEDIATELY. IT IS YOUR RESPONSIBILITY TO KEEP THIS RECORD UPDATED AND ACCURATE.

Authorization for Emergency Medical Care

I affirm that my health is good and that I am not under a physician's care for any condition that bears upon my fitness to participate in the college sponsored activities, including heart or lung conditions, severe allergies or other conditions that may limit my ability to participate in physically strenuous activities. I affirm that I will provide all such information to CCV. I hereby give permission for the staff of CCV to render to me or seek for me first aid or emergency medical treatment in the event of injury or illness during the activity, including transportation by ambulance and hospitalization. I will be responsible for any and all costs of medical attention and treatment.

Signature of participant

Date

Signature of Parent/Guardian if participant under 18 yrs old

Date

Waiver, Release, and Assumption of Risk

I have voluntarily chosen to participate in this activity as part of the class in which I'm enrolled. I understand and accept that participation in this activity includes potential risks to my well-being, including severe and permanent injury, paralysis and/or death, personal property damage or other personal losses. Risks may include but are not limited to slippery footing, equipment failure, mechanical breakdown, human error, negligence of other participants, and accidents. I accept that I have the responsibility to help reduce risk, and I will obey the instructions of the instructor, trip leader or person in charge, follow all safety rules and regulations, report all physical and psychological problems to the instructor, trip leader or person in charge, and inspect my own safety equipment, if issued.

I hereby confirm that I have received and read information on, and have had the opportunity to ask questions about, the risks and dangers of the activities in which I will participate. I understand and assume all risks and dangers of the activities and waive, for myself and my parents, guardians, heirs and all others claiming on my behalf, all claims against Vermont State Colleges, Community College of Vermont, its trustees, officers, staff members, employees, and agents ("The VSC"), and hereby forever release The VSC from any and all liability claims for bodily injury, pain and suffering, mental anguish, emotional distress, property damage, or other loss, harm, or damage related to my participation in the class. I understand that, by signing this release, I may be forever prevented from suing or otherwise claiming for certain loss or damages that I may sustain while participating in the activities.

I agree that this matter will be governed by the laws of the State of Vermont, without regard to conflict of law provisions, and any legal dispute shall be filed in the Superior Court, Washington County, Montpelier, Vermont.

In signing this document, I acknowledge and represent that I have carefully read this agreement, that I understand its terms, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

Signature of participant

Date

Signature of Parent/Guardian if participant under 18 yrs old

Date