

Iowa State University of Science and Technology (ISU) Required Field Trip Participation Agreement

[DEPARTMENT NAME] [COURSE]

[LOCATION(S) OF TRAVEL]

[DATE(S) OF TRAVEL]

Participation in this field trip is required for [COURSE NAME/NUMBER]. It is important for all participants to read and review the information below regarding this field trip before engaging in the trip.

TRIP DESCRIPTION: [INCLUDE DETAILS ABOUT PURPOSE OF TRIP, LOCATION(S), SCHEDULE OF EVENTS, ACTIVITIES STUDENTS WILL ENGAGE IN]

In consideration for my participation in this field trip, I agree to the following Terms and Conditions:

- Inherent Risks and Dangers** – I understand that there are inherent risks associated with all travel and specific risks associated with this field trip. This field trip may involve close interaction and sharing accommodations with others which may increase one’s risk of exposure to communicable diseases. I further understand that there are additional risks associated with trip activities, including but not limited to: [IDENTIFY AND DESCRIBE TRIP-SPECIFIC RISKS IN DETAIL HERE. EXAMPLES: contact with hazardous materials, allergic reactions, exposure to animals or insects, interaction with water, high elevations, adverse weather, moderate/strenuous exercise, etc.].
 - Further, I understand and accept sole responsibility for risks associated with personal excursions and other activities undertaken at my own initiative during the course of the field trip.
- Travel in non-ISU owned vehicles** – I understand that traveling in a non-ISU owned vehicle in conjunction with this trip is not covered by ISU for property damage, liability or other insurance purposes, and the vehicle owner is required to carry auto liability insurance as required by the State of Iowa. If I drive a vehicle that is not registered in my name, I understand I must have the vehicle owner’s permission to drive and must inform the owner that they are responsible for property damage and liability.
- Travel in ISU owned vehicles** – I understand that all drivers and passengers must be aware of and abide by all federal and state laws and regulations, and all applicable university policies and rules:
(<https://www.policy.iastate.edu/policy/vehicle>, <https://www.policy.iastate.edu/policy/insurance/vehicles>)
- Conduct Expectations of Participant** – I understand that it is important to follow the directions of the ISU trip coordinator and faculty in charge at all times. I understand that I have the responsibility to help make this field trip safe and academically productive for all participants. Accordingly, I understand and agree to abide by all federal, state and local law as well as university policy, including the Student Code of Conduct and any additional standards set by the [DEPARTMENT/UNIT NAME]. [ADD ANY ADDITIONAL TRIP-SPECIFIC EXPECTATIONS HERE]
 - I understand and accept that the ISU trip coordinator or faculty in charge may terminate my participation in the field trip if I engage in conduct that threatens the safety of participants and/or my conduct unreasonably disrupts the program. I further understand and accept that if my participation is terminated I will be solely responsible for all expenses incurred, including costs associated with my return to ISU.

5. **Trip Alterations or Cancellations** – I understand and accept that any associated field trip fees must be paid by the established deadlines. In addition, I understand and accept that ISU reserves the right to alter or cancel programs for any reasons deemed appropriate, and that if a program is substantially altered or canceled, ISU will have no responsibility beyond the refund of any fees already paid to ISU by participants.

6. **Fitness to Participate, Medical Emergency Permission and Financial Responsibility** – I certify that I am capable, with or without reasonable accommodation*, of undertaking the activities associated with this field trip. In addition, if an injury or other medical condition occurs, I hereby give permission to contact the Medical Emergency Contact below. In the event of an emergency where I cannot decide for myself, I give permission to secure and administer treatment for me, including hospitalization. I understand that ISU does not provide health or accident/medical insurance for participants, and that I bear all financial responsibility for any medical or other treatment arising from participation on this trip.

MEDICAL EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship to participant: _____

Phone: _____ Alternate Phone: _____

I have read and understand the contents of this document, agree to the terms and conditions stated above, and confirm I am signing this agreement voluntarily.

PARTICIPANT NAME (please print)

PARENT/GUARDIAN NAME** (please print)

PARTICIPANT SIGNATURE

PARENT/GUARDIAN SIGNATURE**

DATE

DATE

EMAIL

EMAIL

TELEPHONE

TELEPHONE

* If reasonable accommodation is required for equitable participation, contact Student Accessibility Services (SAS) in advance of the trip, at accessibility@iastate.edu.

** This Agreement must be signed by the Participant’s parent/guardian if the Participant is not at least 18 years of age.

Document retention: Department/unit should retain signed participation agreements for three years from the date of travel.