

UNIVERSITY OF WASHINGTON

ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR ADULT FIELD TRIP PARTICIPANTS

Section 1 (To be completed by field trip leader)

Class: ESS 431 and ESS 505 _____

Field trip leader: Knut Christianson/Ed Waddington Telephone: 206 543 4585 _____

Address: Earth and Space Sciences, University of Washington Seattle USA Box 351310 _____

Field trip date(s): October 1, 2016 _____

Equipment/supplies to be provided:

by participant: hiking boots, rain gear, warm clothing, sunglasses, notebook&pencil, water bottle, lunch

by field trip leader: UW vehicle, instruments to study ice and snow _____

Immunizations required: None _____

Physical activities to be undertaken include: hike return walk from Schriebers Meadow trail head (south side of Mt. Baker) to Easton Glacier (3 miles each way, 2500-foot elevation gain) _____

Risks inherent in this field trip include bodily injury due to: Falling while walking on US Forest service trail, on streams crossed by trail, and in open valley in front of glacier. Slipping on glacier ice. Road hazards driving between Seattle and Mt Baker. _____

Section 2 (To be completed by adult field trip participants)

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those risks beyond the control of the University staff. I represent that I am able, with or without accommodation, to participate in this field trip, am able to use the equipment and/or supplies described above, and have obtained the required immunizations. I also agree to assume all risks of personal trips or activities undertaken at my own initiative during travel to and from or during the course of the field trip.

Should I require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I acknowledge that I have been given the option to purchase field trip insurance through the University. I will notify the trip leader in writing if I have medical conditions about which emergency medical personnel should be informed.

Print Name

Signature

Date

Section 3 (General Information)

- To request disability accommodations for this field trip, please contact Disabled Student Services at least 10 days in advance of the trip by calling (206) 543-8924 (voice): (206) 543-8925 (TTY): or (206) 616-8379 (FAX).
- Immunizations may be obtained through the Hall Health Primary Care center (206) 685-1011 or your primary care physician.