



RHODE ISLAND COLLEGE
ACADEMIC FIELD TRIP/TRAVEL PARTICIPANT AGREEMENT

RELEASE OF RHODE ISLAND COLLEGE AND ITS REPRESENTATIVES

PLEASE NOTE: This is a legal document. Please read it carefully. Prior to signing, you are entitled to have this agreement reviewed by an attorney. All participants, except for Rhode Island College students, must be 18 or older.

Destination: _____ Dates of travel: from _____ to _____

Trip leader: _____ Name of course or field trip: _____

Code of Conduct: I hereby agree that in consideration of my being permitted to participate in the Rhode Island College study trip, I will be subject to the supervision and authority of the faculty and/or director in charge; that I will meet standards of conduct stipulated by the faculty and/or director; and that I will display maturity and responsibility. I also understand and agree the faculty and/or director in charge has the authority to make decisions regarding my continued participation in the program if he/she determines that my conduct warrants disciplinary action or if my continued participation, for whatever reason, poses an immediate risk or harm to me or to others. I also recognize that I remain subject to the Rhode Island College Student Conduct Code.

Assumption of Risk and Waiver of Liability: I recognize that participation in an educational study program entails certain risks to my property and person that, in rare circumstances, can be serious or even lethal. I freely and voluntarily assume those risks. I further understand and agree that Rhode Island College, the Rhode Island Board of Education, the Council on Postsecondary Education, and their employees, officers, faculty, or agents shall not assume any liability for damage to or loss of my property or for financial obligations incurred by me within the United States or elsewhere. **I also agree to give up any rights I may otherwise have to sue or otherwise bring claims against Rhode Island College, the Rhode Island Board of Education, the Council on Postsecondary Education, and their employees, officers, faculty, or agents, for personal injuries or death or other harm now or in the future,** except for those injuries, death, or other harm caused by a deliberate wrongful act of the aforementioned Rhode Island College, Rhode Island Board of Education, Council on Postsecondary Education, and their employees, officers, faculty, or agents. Further, I agree that any claim I may bring shall be governed by the laws of the state of Rhode Island and shall be pursued only in the appropriate court or administrative agency within the state. I acknowledge that it is my responsibility to understand the limitations of the included trip insurance and agree that Rhode Island College, the Rhode Island Board of Education, the Council on Postsecondary Education, and their employees, officers, faculty, or agents are not responsible for any uninsured losses.

Medical Emergency: In the event of an emergency, I authorize the faculty or directors of the program to take whatever action they deem is warranted and appropriate regarding my health and safety. Such action includes, but is not limited to, placing me in a hospital or other health care facility within the country I am visiting and/or arranging for my transport back to the United States if deemed medically necessary and appropriate. I understand that any additional medical or evacuation costs above and beyond that covered by insurance will be at my own or my parents' expense.

please initial here _____ and continue to the other side



Program Modification/Cancellation: I agree that Rhode Island College reserves the right to cancel or modify the program before or during its operation due to circumstances including emergencies, low enrollment, unavailability of one or more facilities or personnel, or other reasons.

Severability: It is understood and agreed that, if any provision of this release or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this release which can be given effect without the invalid provisions or applications. To this end, the provisions of this release are declared severable.

I have read the above and desire to participate in this Rhode Island College program. I have read and understood the Rhode Island College regulations and will provide, upon request, information (including a health provider's statement) about any medical problems I have that might affect my ability to participate fully in all programmed activities.

Applicant Name (please print)

Applicant Address (please print)

Applicant Signature

Date

IF STUDENT IS A MINOR, A PARENT OR GUARDIAN MUST SIGN THIS RELEASE

Parent or Guardian Name (please print)

Parent or Guardian Address (please print)

Parent or Guardian Signature

Date

**ACADEMIC FIELD TRIP/TRAVEL PARTICIPANT AGREEMENT
EMERGENCY CONTACT INFORMATION**

Participant name: _____ *Date of Birth:* _____

Home Address: _____

Cell phone: (____) _____ *Other phone:* (____) _____ *email:* _____
[] student [] faculty [] staff

EMERGENCY CONTACTS:

#1) *Name:* _____ *Relationship to Student:* _____

Cell: (____) _____ *Home:* (____) _____ *Work:* (____) _____

#2) *Name:* _____ *Relationship to Student:* _____

Cell: (____) _____ *Home:* (____) _____ *Work:* (____) _____

Please return this form to the program leader