

STATEMENT OF UNDERSTANDING / RELEASE

STATEMENT OF UNDERSTANDING:

I hereby acknowledge and agree that:

1. I expect and intend to participate in one or more field trips sponsored by Weber State University during the current academic year ending June 30.
2. In consideration of the university's sponsorship and direction of field trip(s), I hereby state that I have read and understand the terms and conditions of *Weber State University's Field Trips Policy and Procedure* (PPM Section 4-10) and specifically agree to be bound by it.
3. I agree and understand that during the field trip I will be under the care, control and custody of a field trip director approved by Weber State University, and I specifically agree to comply with all reasonable directions and instructions from the trip director during the trip.
4. I understand that if I do not comply with this policy, I will be required to reimburse the university for transportation costs required to return me to the campus.
5. I fully understand and acknowledge that there are specific risks of injury to person and/or property that are associated with field trips, including risks related to travel hazards, terrain, weather, eating and sleeping arrangements, and other circumstances. I also certify and represent that I am not presently under any form of medical treatment for physical infirmity, chronic illness, or mental disorder that could affect my safe participation in field trip activities.
6. I fully understand and acknowledge the following about the field trip accident insurance policy the university provides:
 - a. The insurance covers Class I insured participants (*WSU faculty, staff students, individuals registered for courses or WSU sponsored travel and WSU sponsored visitors*) at no charge, and Class II insured participants (Participants who pay for WSU coverage **before the trip begins**) upon timely payment of a premium.
 - b. The insurance only provides coverage for activities undertaken during the field trip or during travel to or from the field trip destination while *directly supervised* by the university-appointed trip director.
 - c. The insurance only provides medical coverage for illness or death due to accidents.
 - d. The insurance requires payment of \$100 deductible for a medical claim.
 - e. The insurance maximum limits are \$10,000 medical and \$25,000 accidental death or dismemberment.
 - f. The insurance is a reimbursement type policy which requires the participant to:
 - 1) Pay for any medical services at the time they are provided.
 - 2) Request and complete the necessary claim forms from the university Department of Public Safety upon return from the field trip.
 - 3) Submit the forms to the university's insurance carrier along with the required medical receipts.

RELEASE:

7. I have read this *Statement of Understanding/Release* and agree to the terms set forth herein.
8. I further agree to release Weber State University, its employees, agents and volunteers from any and all liability for any claims I may have for damages as a result of my participation in this field trip.
- 9 I am not an employee or a student of WSU. (**Please also check one of the following boxes.**)
 - I WILL PURCHASE accident insurance coverage at WSU's cashiers office and I will show the receipt to the trip director *before the trip*.
 - I DO NOT WISH TO PURCHASE accident insurance coverage.

Participant's Signature	Printed Name	Date
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(If participant is under age 18, at least one parent or legal guardian must sign below.)

Parent's or Legal Guardian's Signature	Printed Name	Date
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