

**STUDENT FIELD TRIP INFORMED CONSENT,
ASSUMPTION OF RISK AND RELEASE FORM**

This document sets out a description of a student field trip (the "Program") and provides for a certification of certain obligations and a release and waiver of liability against North Dakota State University ("NDSU" or "University"). Please read before signing.

1. The Program. I will be spending (dates) 7-9 October 2011
in (location) western North Dakota
with a group of University students and faculty for the following purpose:

Service learning: restoration of historic Hutmacher farmstead

2. Travel, Lodging and Meals. Arrangements, including financial responsibilities, for travel, lodging and meals, have been explained to me. Special information is as follows [include if applicable]:

Arrangements as explained in Prof. Isern's course website

3. Risks of Field Trips. I understand that participation in the Program specified above involves risk not found in normal study at the University. This includes risks involved in traveling to, within and returning from the location. This also includes risks of unique educational activities organized by University or its representatives as part of the Program. I have made my own investigation and am willing to accept these risks.

4. Institutional Arrangements. I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control.

5. Health and Safety.

A. I recognize that I am responsible for my personal medical needs. There are no health-related reasons or problems which restrict my participation in this Program or, if there are, I have informed (Employee) Prof. Isern of same and we have agreed upon a reasonable accommodation (attach separate statement in writing). It is my responsibility to notify Employee if there are any medications that I am allergic to or medical treatments I do not want performed.

B. I understand that accident/health insurance is my responsibility. I am covered by health insurance to meet any and all needs or payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care during the Program, the University is not responsible for the cost or quality of such treatment or care.

C. I hereby authorize (Employee) Prof. Isern
in the event of medical emergency, to authorize emergency medical treatment on my behalf if I

am unable to do so or if there is insufficient time to contact members of my immediate family or, if after a reasonable attempt to do so, they are unable to do so. In the event of such medical emergency, I authorize NDSU to contact:

(Name)

(Relationship)

(Phone)

(Address)

6. Standards of Conduct.

A. I understand that as a North Dakota State University student, I will be viewed as a representative of my University. It is my intention to act as a good-will ambassador and conduct myself in a fitting manner. I recognize that behavior which violates laws or University standards could reflect negatively on myself and the University, as well as be adverse to my own health and safety. If I should fall into legal problems while in the Program, I will attend to the matter personally with my own personal funds. NDSU does not guarantee what, if any, assistance it can provide under such circumstances.

B. I also will comply with the laws of the United States and relevant jurisdictions and with the University's rules, standards and instructions for student behavior. I agree to abide by all the rules and regulations of NDSU with regards to my participation in the above activity including, but not limited to, those rules relative to use of alcohol or illegal drugs. I also understand that NDSU can revoke its consent to my participation in this activity at any time for cause or in the event of cancellation of the trip. Should I violate these standards of conduct, I may be sent home at my own expense.

7. Release.

I understand that the University, its employees or agents are not responsible for any injury, loss, damage, delay, irregularity, or expense arising from the use of any common carrier vehicle, accommodations, or services as the result of accidents, strikes, war, weather, sickness, quarantine, governmental restrictions, and other matters beyond the University's power to control. I waive and release all claims against the University and its employees or agents that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

Signature of Participant

Date

Print Name

Note: While this form was designed for the more significant (and overnight) trips rather than the shorter day or hourly type trip, it can be used for the one day type trip as well.