

**Iowa State University of Science and Technology (ISU)
Optional University-Coordinated Student Travel Participation Agreement and
Release and Waiver of Liability**

[DEPARTMENT/UNIT NAME]

[TRIP NAME]
[LOCATION(S)]
[DATE(S)]

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 trip, I agree to the following Terms and Conditions:

1. **Inherent Risks and Dangers** – I understand that there are inherent risks associated with travel 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 disease. 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.]. I knowingly and voluntarily assume the risks that could arise from this trip, and I assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me, or any loss or damage to property owned by me as a result of my participation in this trip and personal excursions and other activities undertaken at my own initiative during the course of the trip.
2. **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.
3. **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>)
4. **Conduct Expectations of Participant** – I understand that it is important to follow the directions of the ISU trip coordinator at all times. 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 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: _____

RELEASE AND WAIVER OF LIABILITY

I understand and do hereby, for myself, the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, RELEASE FROM LIABILITY, WAIVE, FOREVER DISCHARGE, AND COVENANT NOT TO SUE the State of Iowa; Board of Regents, State of Iowa; Iowa State University of Science and Technology; and all their officers, faculty, employees, volunteers, and/or agents (hereinafter referred to as "RELEASEES") whether accompanying this trip or otherwise, from any and all claims, demands, actions, or causes of action on account of any injury to me which may occur from any cause during this trip, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law against any of the RELEASEES on account of any and all such claims, demands, actions, or causes of action.

This Participation Agreement and Release and Waiver of Liability shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.

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.