

INFORMED CONSENT FOR PARTICIPATION IN FIELD TRIP

As a student enrolled in the course _____, my participation in a Central Michigan University sponsored field trip to _____, on _____ is a class requirement.

I agree to be governed by the University's rules and subject to the reasonable instructions of the University's faculty instructor(s). I further agree to observe the rules and practices which may be employed to minimize the risk of injury while pursuing the benefits of this field trip experience. I understand and agree that my safety is primarily dependent upon my taking proper care of myself.

I have been informed and fully realize that there are dangers and risks to which I may be exposed while participating in this field trip activity. These risks may include the possibility of slight or severe bodily injury, or death, from hazards including but not limited to slips or falls, insect or animal bites, water hazards, traffic or other travel accidents, or other damage to my person, delay or inconvenience, and/or damage to my property while participating in this field trip activity.

I have read this entire Informed Consent and fully understand its contents.

Date: _____

Participant's Signature

Print Participant's Name

Date: _____

Signature of Parent/Guardian
(if Student is under 18)

NOTE TO DEPARTMENT: *Signed originals should be retained by the Department for a period of one year from event date.*

In the event of an accident/injury, please fill out an [Accidental Personal Injury Report](#) form and send it to:

Risk Management Environmental Health & Safety
1303A West Campus Drive
Mount Pleasant, MI 48859
Fax: 774-1303,
Email: RISK@cmich.edu