Illinois State University Laboratory Schools

Field Trip Consent and Waiver

(To be used if field trip is not listed on annual form, athletic waiver or outdoor ed waiver)

Section 1 ***(To be completed by field trip leader)***

- **Class**: _____
- **Field Trip Locations**: _____
- **Physical activities associated with the field trips include**: (Ex: "Low impact physical activity such as walking indoors and outdoors")

  _____

  _____

- **Risks inherent in these field trips include bodily injury due to**: (Ex:"The possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards, and hazards associated with travel to and from the field trip site. There may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases."

  _____

  _____

  _____

  _____

Section 2 ***(To be completed by field trip participant)***

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1, and that all risks cannot be prevented. I acknowledge that my minor child is physically able to participate in this field trip given the above activities.

I understand and hereby acknowledge, on behalf of the minor child, that I assume all risks incurred by his/her participation in the _____**field trip**. In consideration of being allowed to participate in the field trip, I/we hereby release The Board of Trustees of Illinois State University, its officers, agents, employees and assigns from liability from any and all claims arising out of or in any way connected with the field trip and my participation in the program, including but not limited to the risks as outlined above.

I am competent to sign this consent release and waiver and have read and understood all the provisions contained in it.

PARTICIPANT:

_____	_____	_____
Name (printed)	**Signature**	**(Date)**

Signature of Parent/Guardian

_____	_____	_____
Name of parent (printed)	**Signature of Parent**	**(Date)**