

**UNM FIELD TRIP  
ASSUMPTION OF RISK AND INFORMED CONSENT FORM**

I, \_\_\_\_\_ the undersigned participant, desire to attend a class field trip in conjunction with the course taught by Eichhorst, Fike, and Winter, to be held on the dates of **21 January through 9 May**. The field trips will go to several BEMP sites. In consideration for being permitted to participate in the field trip, I hereby agree to and represent the following:

- 1) I acknowledge that the physical activities to be undertaken on the field trip include: **hiking significant distances (often in uneven terrain and along streams)**.
- 2) I acknowledge that there are risks and dangers associated with field trips and that all risk cannot be prevented. The risks and hazards of this field trip, which can result in injury to me, death and property damage include, but may not be limited to: **outdoor activities like walking, hiking, possible encounters with venomous reptiles or other wildlife, insect bites, and other risks that may or may not be foreseeable**.
- 3) Knowing the risks and hazards described above, I voluntarily accept them and agree that any claim that I may have now or in the future against UNM, its officers, employees or agents, whether in contract or tort, arising out of my participation in the field trip, wherever such claim arises, shall be governed by the law of the State of New Mexico, including the New Mexico Tort Claims Act, Section 41-4-1 et seq., NMSA 1978, as amended. I understand that the New Mexico Tort Claims Act imposes limits and restrictions upon civil lawsuits against UNM and its employees.
- 4) I acknowledge that UNM does not provide medical insurance for field trip participants. I agree to be financially responsible for any medical bills incurred as a result of any medical services that I receive. The University of New Mexico offers a group accident insurance policy for field trip participants. I acknowledge that if I do not have insurance, I must purchase this insurance coverage through the UNM Risk Management Office in Albuquerque, and that I need to contact that office at 277-9790 to do so.
- 5) I represent that I am physically able, with or without accommodation, to participate in the field trip and am able to use necessary equipment and/or supplies. If I need accommodations for a disability for the field trip, I understand that I must contact the Office of Safety and Risk Management.
- 6) Should I require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I understand that the instructors on the field trip may not have up to date emergency medical training

**turn over**

and that in an emergency, the instructors will use their best efforts to protect my well-being and safety. I will notify the professor leading the trip in advance in writing if I have a medical condition about which emergency personnel should be informed.

7) I hereby provide the following emergency contact information (optional):

Name of emergency contact: \_\_\_\_\_

Phone of emergency contact: \_\_\_\_\_

Severe allergies or other medical conditions: \_\_\_\_\_

8) I understand that the UNM Student Code of Conduct applies to me during the field trip. I understand that UNM has the right to enforce the Student Code of Conduct and that sanctions may be imposed for violations, up to and including dismissal from the field trip and expulsion from UNM.

I have carefully read this form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement, have been made. The laws of the State of New Mexico shall govern this agreement, and New Mexico shall be the forum for any lawsuits filed under or incident to this form or to the field trip.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Printed name (name as is appears on passport)

\_\_\_\_\_  
DOB (date of birth)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
(if participant is under 18 years of age)