

**Field Trip Participation and Consent to Admission and Treatment**

Club Sports 2013-14

FIELD TRIP PARTICIPATION WAIVER

For and in consideration of being allowed to participate in the _____ Club Sport field trip and practices to take place during the 2013-14 school year, I, in full recognition and appreciation of the dangers and hazards involved in such activity, do hereby agree to assume all risks and responsibilities surrounding my participation in this club sport, and further, do hereby release and hold harmless the University of Miami, its Trustees, officers, directors, faculty, and employees; and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personnel representatives, heirs and next of kin for any and all damages, expenses (including attorney fees), claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, which may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused on its behalf or otherwise.

I understand that the University of Miami does not, in any manner, serve as principal, agent or partner of any travel agent, commercial carrier or lodging establishment which may provide services or accommodations to the participant. I have read and understand this release and voluntarily sign this document and participate in this trip.

CONSENT TO ADMISSION AND TREATMENT

In the event of injury to the undersigned, born on ____/____/19____, C#_____, I hereby authorize the University of Miami or representatives thereof to admit me to a facility for emergency medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release the University of Miami, its trustees, officers, faculty and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

Persons to contact in the event of an emergency are listed below.
In the event of an emergency, please contact:

Name	Address	Telephone
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Name	Address	Telephone
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I certify that I have read this FIELD TRIP PARTICIPATION WAIVER AND CONSENT TO ADMISSION and TREATMENT form and understand all its terms.

 Print First and Last Name

 Participant Signature

 Date