

Cornell University
School of Integrative Plant Science
COURSE # Field Trips
In the **Fall 2019** Semester

RELEASE AND ASSUMPTION OF RISK AGREEMENT

1. I agree that my participation in this event is entirely voluntary.
2. That in consideration of my participation in this event, I agree, on behalf of myself, my assigns, executors, and heirs, to release, indemnify, and hold harmless Cornell University, it's trustees, officers, agents and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my participation in this event, including any act or omission of any third party. (Rescue Squad, Hospital, etc...).
3. I understand that Cornell University does not provide any Accident or Medical Insurance for this event, and that I am required to provide my own Accident and Medical Insurance. I hereby agree that I am financially responsible for any medical expenses I may incur as a result of this event.
4. I understand that all participants are subject to Cornell University regulations, guidelines, laws of the United States, and the laws of New York State, and that in the event of violation of these, or behavior which is considered by Cornell University to be detrimental to the participant, or other participants, Cornell University shall have the right to dismiss the participant from the trip while retaining all payments (if applicable).
5. I further state that I am cognizant of all dangers of participation and the risks involved in this event, and have been provided with an orientation relating to the expectations for my participation and many of the risks involved with my participation. I acknowledge that travel may involve the use of private and/or rented passenger vehicles not owned or controlled by Cornell University.
6. I further understand that should I choose to leave the event instead of returning with the group, I am solely responsible for my actions and anything that might happen to me due to my elected extended stay. If I choose not to return on the provided transportation, I understand that I am responsible for my own transportation back to Ithaca, NY.
7. I have read and understand the terms of this Agreement and Release and agree to all terms and conditions on behalf of myself, heirs, representatives, executors, or administrators. I hereby certify by my signature that I am physically fit and able to participate in this field trip. Consistent herewith, I assume responsibility for my own physical fitness and capability to participate and I have taken such steps as I deem are appropriate to assure myself that I am fit and capable of such participation. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not mere recital, and that I have signed this document of my own free will.

Participant Signature

Date

Printed Name