



FIELD TRIP/ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT

I, _____, choose to participate in university Field Trips and off campus activities during _____ academic year (henceforth referred to as Field Trips).

I understand the nature of the university activities of which I will be participating and that I am expected to abide by all university regulations during the Field Trips.

I understand that North American University is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or certain equipment associated with the Field Trips.

Participation in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing, and other personal equipment) and provide that proper personal equipment for my participation in the Field Trips, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the activities, and I agree to observe the rules and practices, which may be employed to minimize the risk of injury while pursuing the benefits of the activities. I agree to advise the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree to reduce the risk of injury to myself and/or others by limiting my participation to reflect my personal fitness level, by wearing the proper protection as dictated by the activity, by not wearing anything that would pose a hazard in the pursuit of the activity, and/or by not ingesting or using any substance during the activity which could pose a hazard to myself or others. I agree that if I fail to act in accordance with this agreement that I may not be permitted to continue to participate in the activity.

Despite precautions, accidents may occur. I understand that participation in some of the activities of the North American University Field Trips may be potentially dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Field Trips.

Therefore, I ASSUME ALL RISKS RELATED TO THE FIELD TRIPS including but not limited to:

- Theft or loss of my personal property while in transit or during the Field Trips.
- Natural disaster or other disturbances, and alteration or cancellation of the Field Trips due to such causes.
- Injuries of any nature which may be permanent or temporary, death, or illness from accidents which may occur as a result of participating in an activity or contact with equipment, physical surroundings or other persons.

Further, I agree to waive, release, hold harmless, defend, indemnify, and/or discharge North American University, its volunteers, employees, servants, agents, officers, board members, and affiliated members from any and all claims, injuries, causes, actions, liability, demands, losses, legal or equitable, of any kind whatsoever arising out of or in any way related to any loss or damage to property, injury, illness, disease, loss of services, medical bills, charges, or otherwise, including death, which may arise out of or in any way be related to my participation in the Field Trips, whether occurring inside, on, outside, or off of university property, during transportation to or from participation in the Field Trips, or related activities and for the duration of said activities and transportation, and whether known or unknown, foreseen or unforeseen, including all legal, attorney's, court costs and fees.

In signing this Assumption of Risk and Release of Liability Agreement, my signature below indicates that I have read and freely signed this agreement, which shall take effect as a legally binding document.

Student Signature

Date



EMERGENCY MEDICAL AUTHORIZATION

TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ Emergency Room Phone: _____

I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Pertinent health information will be shared with appropriate university staff only on a need-to-know basis.

Facts concerning my medical history including allergies, medications being taken, and any physical impairment to:

- 1 Drugs and other allergies _____
2. Current medication _____
- 3 Physical problems or limitations _____

Student Signature _____ Date _____

REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, the university authorities to take the following action:

Student Signature _____ Date _____



FIELD TRIP/PHOTO/VIDEO PERMISSION FORM

TO GRANT CONSENT

I grant North American University permission to use and publish photographs/videos with my image in either print or online. Moreover, my images/videos may be used for promotional and commercial purposes. Thus, I grant North American University full copyright privileges of my pictures/videos taken/shot for both on campus and off campus academic and social gatherings. I agree to hold harmless North American University from any liability which may result from the use of said picture(s).

Student Signature

Date

REFUSAL TO CONSENT

I do NOT give my consent for North American University to use and publish photographs with my image in print or online.

Student Signature

Date